completely filled in by the funeral director, page 3 strenged 2 shalld be filed within 72 haurs after death

executed within 24 haurs after deal

STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENI
CE	RT	FICATE	OF	DEATH	0

2010	FOR STATE REGISTRAR	DEPART		ALTH AND MENTAL HYG	try	
	CEASED NAME FIRST ANN	A F.	KOL	BER	REG.NO. 2a. DATE OF DEATH MODE 4 -	24-87 8 30 PA
	EMALE	WHITE	5. DATE OF	BIRTH 23, 1886	6. AGE [IN YEARS LAST BIRTHDAY] /OO YRS.	IF UNDER LYEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
V	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	% MARRIED WIDOWED	NEVER MARRIED DIVORCED	BAL TIMORE	
	TOWSON	11. NAME OF HOSPITAL, NURSI IF NOT IN SUCH FACULTY, GIVE STREE VRIEY VIEW N		11	179. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING CLERICAL.	12b. KIND OF BUSINESS O INDUSTRY OFFICE
13a. S	Mdi BA	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO INTY 136. CITY OR TO LTIMERE BALTIM	WN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP COL	
LA. FA	ATHER'S NAME FIRST	MIDDLE KOBE		15 MOTHER'S MAIDEN NA FIRST	ONKNOWN MIDDLE	LAST
	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b SOCIAL SEC IVE WAR OR DATES) 217-14-		17. INFORMANT JUSEPH P.R	ADDRESS IEGER 203 Co.	URTLAND AVE
	PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEON	UENCE OF	mir obs	tant.~	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
FICATION		CONDITIONS CONTRIBUTING TO	DEATH BUT N	Bres	200 AUTOPSY? 20b. IF YI	IVEN IN PART 110 ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
MEDICAL CERTIFI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE JIF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	19	211 LOCATION STREET	YES NO NO NEED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2) COUNTY STATE
	22a I certify that (I) (this hasp sow the deceased alive or	pital) attended the deceased from n 19 at 19 with the body after death.	, and	EGREE ATTENDING _	death accurred on the date and ha	our and from the causes stated
	BURIAL, CREMATION, REMOVAL	V. VATR	NAME OF CE	22e. ADDRESS METERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY

BP.

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

ATTENDING PHYSICIAN: The law requires that the death certificate be

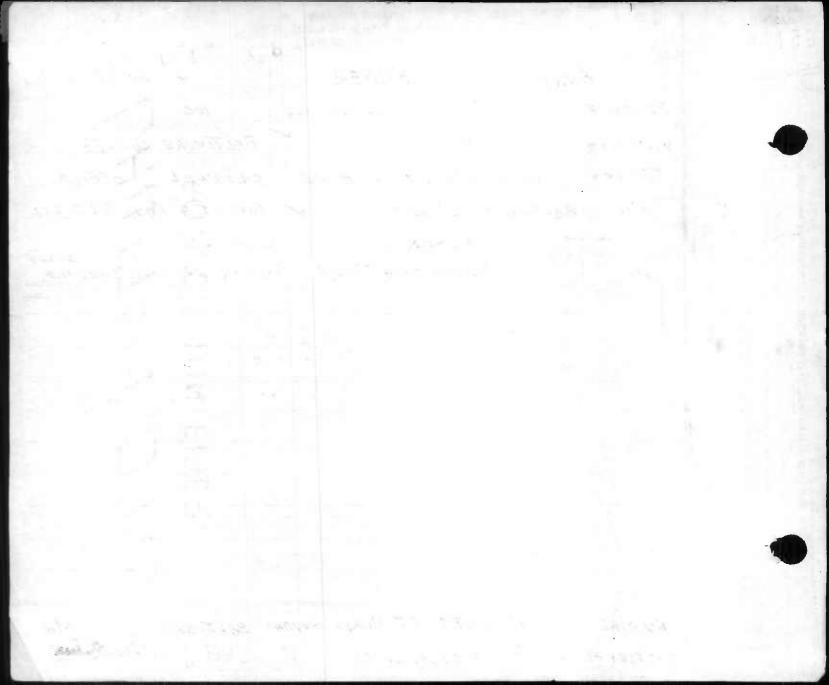
retained by the haspital ar attending physician.

TO HOSPITAL

24 FUNERAL DIRECTOR
HARTLEY MILLER (VRA 15, 4)

7527 HAR FORD Rd.

APR 2 8 1987 Julia Dandon Rose



4	-	,	FOR			DEP		E OF MARYLAND	TAL HYGIEI	NE		1 6	
511	33 APR 22	37	STATE REGISTRAR				CERTI	FICATE OF DEAT	TIB /	REG. N		1 0	
	y be	I. DE	CEASED NAME ORIPRINT)	FIRST Salle		rion		Koch	2	o. DATE OF DEATH	A I	7 87	26. HOUR 40 PM
	ge 4 mo	3. SE	Female	4	RACE Wh.	ite	5 DATE		PO7	AGE (IN YEARS LAST BI	YRS.	IF UNDER 1 YEAR	IF UNDER 24 H S
0	eoth. Po		RTHPLACE (STATE OR FOR FOR FOR FOR FOR FOR FOR FOR FOR	REIGN 7	b. CITIZEN OF	WHAT COUN	TRY? B. MARRI WIDOW	ED NEVER MARR	RIED 🔟	Baltimore	_		MD.
10	by the fu	10. C	TOWSON	H 1	IF NOT IN SUC	HOSPITAL, NI		or other institut	lece 1	TYPE OF WORK FOR MOST	ION OF WORKING LIFE Memake	INDUSTRY	F BUSINESS OR
BALTIMORE, MARYLAND 2120	filled in thousand be f	130. S	AL RESIDENCE (IF NURSIN TATE aryland	36 COUNT		GIVE RESIDENCE 13c. CITY OR TOW	TOWN	13d. INSIDE CITY L	X.	street address 500 Virgin	/ ZIP CODE	e./2120	4
MARYL	mpletely stand 2 st	14 FA	THER'S NAME INTERIOR THE	м	IDDLE	Hybd	zenski	15 MOTHER'S MA FIRST Mary		MIDDLE		unkn	
MORE, I	Pages 1		VAS DECEASED EVER II VES, NO OR UNKNOWN)		ED FORCES?	4.36	SECURITY NO. 8/3191	Frank J.	Koch	2126 Buel		21047 Fallst	
5, 201 W. PRESTON ST.,	goed by the other more properties of the other contracts of the other contracts of the other pry, or other traumonts on the other pry, or other traumonts on the other pry, or other traumonts on the other pry, or other presents of the other pr		Conditions, if ony, gove rise to imm cause (a), stating underlying cause	which ediote the last.	DUE TO, O		OBSH SEQUENCE OF	uctive T NOT RELATED TO	THE TERMIN	desels	DITION GIVE	EN IN PART 110	3.
DIVISION OF VITAL RECORDS,	ion. hos been si it permit. The tene prior to	CERTIFICATION	19a. DATE OF OPERAT	ON	196 COND	ITION FOR W	HICH OPERATION	ON WAS PERFORME	D	200 AUTOPSY? YES NO X	IN CERTIFY	, WERE FINDIN YING CAUSES	
ON OF VIT	44SICIAN: T ding physic is certificate burial-frans Mental Hyg or Item 18 st	MEDICAL CER	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF CON	USE OF DEAT	P. 21e. PLACE	M. MONTH M. OF INJURY	19		Y OCCURRED) (ENTER NATURE OF INJ		COUNTY	STATE
DIVISI	or offer the se as the alth and marked.	W	WHILE NOT WHILE AT WORK 220-1 certify that (I) (FFICE, FARM, ETC)	SIREE!	9				that (I) (we) last
-	ATTEN naspital tECTOR: ed for us pt of He		saw the decease above, (I) (we) (di 22b. SIGNA NURE.	olive on_						oth accurred on the c			couses stated
9	by the hor by the hor by the hor by the hor be detached State Dept and I herry		Mar 22d PHYSICIAN'S NA	ME (TYPE OR	PRINT	wale	mlei	ATTEN	NDING SICIAN	MEDICAL STA	CIAN [4-10	8-87
	TO HOSPITAL TO FUNERAL Should be deto with the State (IMPORTANT: H	22	M.C	· Koo	NALE	-WSK		8604		REORIS	tel		
	BP		BURIAL, CREMATION, F SPECIFY) Cremation	EWONAL	23b. DATE 4/20/	1987		CEMETERY OR CREM	natory				21.202 STATE
	DHMH - 16 60M 7/B4 (VRA 15, 4)		uneral director alter Brook	s Bra	adley,	Inc. B	älto.,	/d. 21222		PRECID. BY REGISTRA	25b. REGISTI	RAR'S SIGNAT	Jack.

N IN PART IN Landin has been adjusted that the

BP.

DHMH - 16 60M 7/B (VRA 15, 4)

049737

	Item #15, Fil	m 3G626 4,			E OF MARYLAND				
1-	STATE I.J.		DEPARTMEN	NT OF H	EALTH AND MENTAL HYG	SIENE			
,	REGISTRAR			EKIIF	ICATE OF DEATH 8	1	REG. NO	71	
	CEASED NAME FIRST	M	IDDLE	(AST	20 DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
11116	Louise	M	Jan S	Krae	emer	April	3, 1987	3	
3. SE		4. RACE	5	DATEC	OF BIRTH		RŠ LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	White		Sent	11 1905	81	YRS	MONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	+ ····	VHAT COUNTRY?				E CITY OR COUNTY	OF DEATH	
M	aryland	USA		MARRIE	D NEVER MARRIED DIVORCED	Baltin	nore Count		
10. CI	ITY OR TOWN OF DEATH	11. NAME OF H			OR OTHER INSTITUTION	12a USUAL O			F BUSINESS C
			FACILITY, GIVE STREET ADD		1 01000		OR MOST OF WORKING LIF	E) INDUSTRY	
	Dundalk AL RESIDENCE (IF NURSING HOME O		North Poin		LVd 21222	Home M	Maker		
130. S	STATE 136 COL	INTY	13c CITY OR TOWN	W(33)O(4)	13d. INSIDE CITY LIMITS?		DRESS / ZIP CODE		
		timore	Dundalk		YES NO X		North Poin	t Blvd	21222
4 FA	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA		MIDDLE Wie	enreich	1
1	John		Magsamen		Louise			Winewr	right
	WAS DECEASED EVER IN U.S. A		16b SOCIAL SECURIT	YNO.	17 INFORMANT		ADDRESS		
(YES NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)	213-26-80	162	Bertha L. Ki	uemmer	Same as 1	3e	
	18 CAUSE OF DEATH (Enter of	alu asa sa wa asa			Derend D. Id.	d Chance	<u> </u>		MATE INTERVAL
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse to i, stating the underlying couse last. PART 2 OTHER SIGNIFICANT Diantit 190 DATE OF OPERATION 2 - 9 - 8 - 9 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINE CAUSE OF DETERMINE CONTRIBUTION COURRED WHILE AT WORK AT WORK	CONDITIONS CO	ROSTONY INJURY A. MONTH DAY	PERATION YEAR	NOT RELATED TO THE TERM N WAS PERFORMED PLACE OF THE TERM 216. HOW INJURY OCCUR 216. LOCATION STREET	200 AUTOP YES RED (ENTER NATU	SY? ZOB. IF YES IN CERTIF	S, WERE FINDING CAUSES	VGS USED
•	22a. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did r	n 3-19 of view the body of	198-			MEDICAL		r and from the	
73n F	SHANKES BURIAL CREMATION REMOVA	L. Gu	1 / 1 / 1	D ME OF C	SACTITUE EMETERY OR CREMATORY	EAST RE 1 1238 LOCAT	ERN A 10212	31	
	Burial	4/7/8	7 Oa	k L	awn	Bal	timore Mar	ryland	STATE
	UNERAL DIRECTOR NAME uda-Ruck Funera	7922 W	ise Ave. I f Dundalk	Dund,	alk, MD 2 1323	R - 6 19	SISTRAR 256 REGIST	RAR'S SIGNAT	URE

4/10

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Poge 4

, STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 1 - STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENT	1	annine is
	1. DECEASED NAME FIRST Alfr	ed Joseph	n KRAMER	April 23,1987	3:05 P _M
	3 SEX Male	4. RACE White	5. DATE OF BIRTH MONTH DAY YE May 5. 1932	AR 6 AGE (IN YEARS LAST BIRTHDAY) AR 74	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COL		Baltimore Count	ITY OF DEATH
7	10. CITY OR TOWN OF DEATH ROSSVIlle	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GR	NURSING HOME OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
1		OR OTHER INSTITUTION GIVE RESIDEN UNITY 13c. CITY C	CE BEFORE ADMISSION) OR TOWN 13d. INSIDE CITY LIM Adalk YES NO	130 STREET ADDRESS / ZIP CO 8110 Longpoin	DDE
)	14. FATHER'S NAME FIRST Alfred	James Kra	ast IS MOTHER'S MAIL FIRST Glady	MIDDLE 7S	Wehrheim
1		GIVE WAR OR DATES)	AL SECURITY NO. 17. INFORMANT 3-28-1604 Judith	Y. Kramer 8110	Longpoint Road APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, PACHY A	PULMONARY ARREST REPUTION TACUE TO DEATH BUT NOT RELATED TO THE	IE TERMINAL DISEASE OR CONDITION (SIVEN IN PART TIO
3	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	which operation was performed	20g AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN AT WORK AT WORK 22a.1 certify that (this has sow the deceosed alive above, 1 (we) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1YPE Denise E.G.	PATH HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY.) pital) attended the deceased on April 23. (1) View the body after death	office farm. etc.) 21f LOCATION STREET from April 11, 19, 19 19 87, and that in (y) (aur) of the physic physics 22e ADDRESS	CCURRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN 87 to April 23, Expinion death occurred on the date and had been and the date a	COUNTY STATE 19.87, that (we) lost naur and from the causes stated 22c. DATE SIGNED 4-23-87
	230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial		23c NAME OF CEMETERY OR CREMA Druid Ridge		
		-Ruck Funeral Wise Ave. Dur	Home of Dundalk	APR 27 1087 Julia	

DHMH - 16 60M 7/84 (VRA 15, 4)

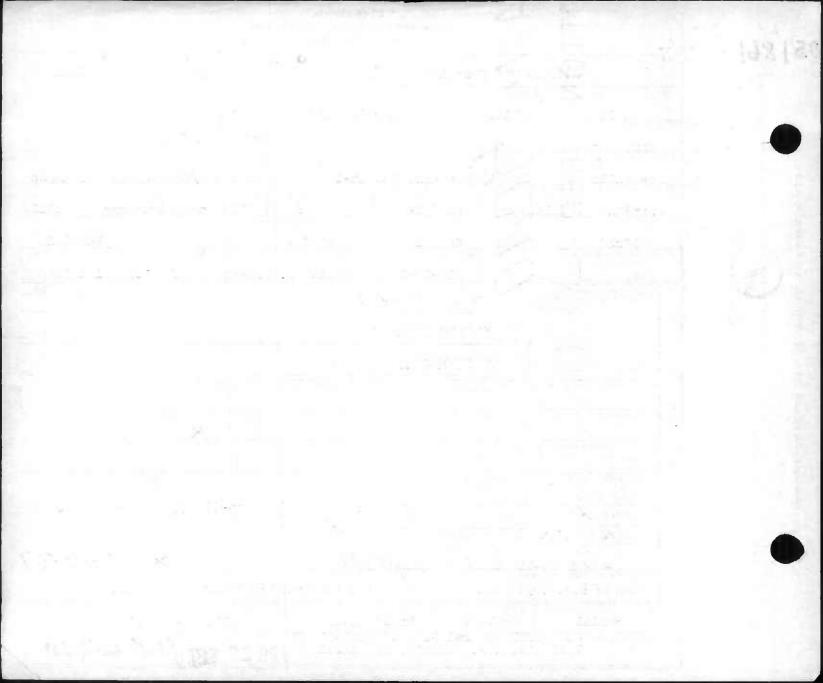
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carb with the State Dept. of Health and Mental Hygiene prior to burial, cremation, and

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

IMPORTANT: If Item 21 is morked on tem 78 shows ony

injury, or other troumotic event,



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is morked on Item 18 shows and

ed in by the funeral director, page 3 d be filed within 72 hours ofter death

injury, or other troumatic edit

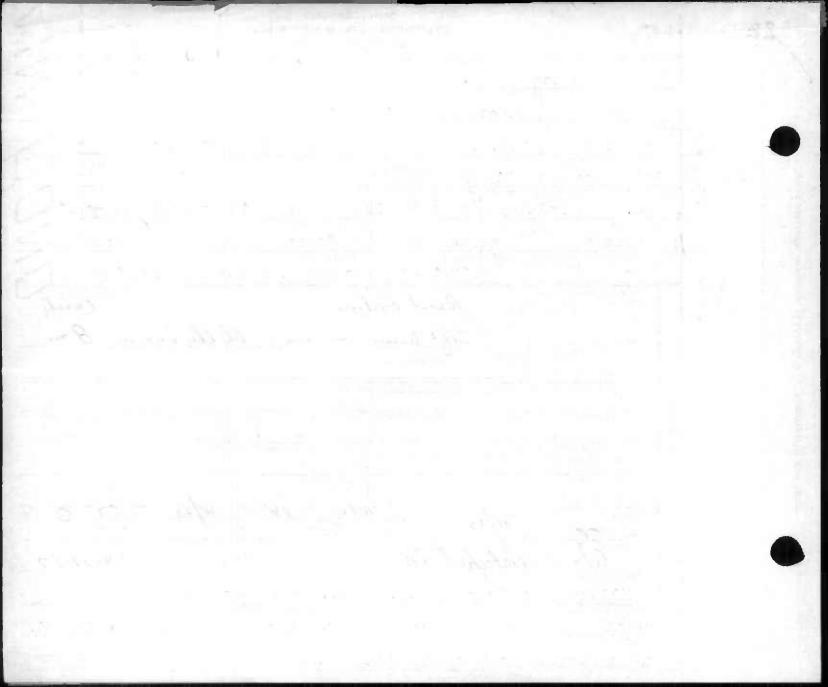
' STATE OF MARYLAND 0 5 22 8 0 11.7 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				CERTIII	CAILOIL	4	REG.	10.1%	2.0			
1. DECEASED NAME	FIRST		MIDDLE	U	AST	0 /	20. DATE OF DEATH.	MONTH	DAY	YEAR	2b. HOU	
(TIPE OR PRINT)	Alic	е	M·	Kr	ebs		16.	4	29	87	5:	30 m
3 SEX		4. RACE		5. DATE O			6. AGE (IN YEARS LAST BI	RTHDAY)		ER 1 YEAR	IF UNDER	
Female		Cauca	sian	MONTH 1	21	23	64	YRS.	MONIHS	DATS	HOURS	MIN.
7a. BIRTHPLACE (S	ATE OR FOREIGN		WHAT COUNTRY	? 8	NEVER A		9 BALTIMORE CITY		Y OF DE	ATH		
Maryla	nd	U.S.A		WIDOWE		VORCED	Balt	imor	e C	oun	tv	MD.
10. CITY OR TOWN		11. NAME OF	HOSPITAL, NURSI	NG HOME O			12a. USUAL OCCUPAT	ION	12b.	KINDO	F BUSINE	
Baltim	ore	213	Kenwoo	d Ave	nue		Housewif	e .	(IFE) I IND	OUSTRY H	ome	
USUAL RESIDENCE	(IF NURSING HOME OR		GIVE RESIDENCE BEFOR		13d. INSIDE C	ITV LIMITED 1			DE.			
Md.		timore			EYES [NO A	213 Keny	vood	Äve	nue	212	228
14. FATHER'S NAME		MIDDLE				MAIDEN NAM						
Erne	st	Ki	mmelsh	ıe 💮	La	aura	WIDDLE		Swa	rtz	ī	
160 WAS DECEASED	EVER IN U.S. AR		166 SOCIAL SEC	URITY NO.	17 INFORMA	NT	ADD	ESS				
(YES, NO OR UNKNO	WN) (IF YES, GIV	E WAR OR DATES)	217-14-	-9774	Rober	rt M.	Krebs San	ne as	; #1	3e		
18 CAUSE OF	DEATH (Enter on	ly one couse per	line for (a), (b), or	nd_ici.i	10				1,	APPROXI	MATE INTER	RVAL
PART I. DE	ATH WAS CAUSE	Ď BY: E CAUSE (o)	Rena	16	leur					1	wee	e,
	WW.EDIA.		DAS A CONSTOL	IENCE OF			- 0 - 0				_	-
Conditions	f ony, which	DUE TO, O	R AS A CONSEOL	Lissen	sa	come c	blokke	mer	· san	8	9 m	,
gove rise	o immediate) (b)	0				0 - 0.0 /			-		
underlying	stating the couse lost.	DUE TO, O	R AS A CONSEQU	JENCE OF								
PART 2 OTHE	P SIGNIFIC ANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT BELATED	TO THE TERM	INAL DISEASE OR COM	CHOITIGI	0/55(-6)	DART I		
	K SIOITII ICAITI	.01401110143	51411115011140 10	DEATH BOT	NOT KETATED	TO THE TERM	INAL DISEASE OR COI	*DITION G	IAEIA IIA I	PART IIC	1	
19a DATE OF C	PERATION	19b COND	ITION FOR WHICH	H OPERATION	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF Y	ES, WERE	E FINDIN	4GS USE	D
Ĕ I							YES T NOT		YES T	CAUSES	OF DEAT	
21a. ACCIDENT	VAS UNDERLYING	21b. TIME O			21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN)			PART 2)	110	
	G CAUSE OF DEA	4										
OR CONTRIBUTION (IF EITHER NOT 21d INJURY O	FY MEDICAL EXAMINER	21e. PLACE	M. OF INJURY	19	211 LOCATIO	N						
AALLIE	NOT WHILE	(AT HOME, STE	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR T	NWC	CO	YTMU	S	STATE
AT WORK	hot (I) (this hospii	tal) attanded th	o docoaced from		10/2	10 26	4/2	-5	10 8	77	. 3	11.
	deceased olive on (we) did) (did no			00	1	. 17	death occurred on the o	late and he	aur and f	rom the		we) lost
obove, (I)	we did (did no	t) view the body	ofter death.		DEGREE					c DATE		,,,,,
120.0101410	10/2 C	10 Vata	1.10	m	Α	TTENDING	MEDICAL STA		1"	el s	9 6	
224 PHYSICIA	N'S NAME (TYPE O	9 DOLLAR	7000	12	22e ADDRES		DIRECTOR PHYSI	CIAN		7-2	1-8	/
		1	מו הו	T D			Wagnita	7				
	Liam Wa			I.D.		4.0	s Hospita		_			
23a. BURIAL, CREMA	TION, REMOVAL	23b. DATE			EMETERY OR (23d LOCATION		COUN	TY 7	5	TATE
Burial	O.B.	5-2-8	0/ [0.	ra sa.	rem ce	emeter;	V 1		-	alt		/Id.
NAME			ADDRESS			25a DATE	E REC'D. BY REGISTRAL	ZSB. REGIS	STRAR'S	SIGNATI	URE CONTRACT	1807
MacNabb	Funera	<u>. L Home</u>	catons	SVITT	e Md.	MA	1 - 1901	بالمائين	89 March	A 200 8	-	

DHMH - 16 60M 7/84

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(VRA 15, 4)



	1	FOR STATE		DEPART		H AND MENTAL HY	GIENE		
20 1	0	REGISTRAR			CERTIFICAT	TE OF DEATHS	7 100	3. NO 1)	9 0
11 2			FIRST	WIOOFE	LAST		20. DATE OF DEAT		DAY YEAR 26. HOU
	(TYPE	OR PRINT!	herine 1	Patricia K	raft		April	13 19	187 63
	3. SE	X	4 RACE	att icia /	5. DATE OF BIR	тн	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR IF UNDER
		Female	White		Sept.	23 1914	72	ync.	MONTHS DAYS HOURS
	70. BI	RTHPLACE (STATE OR FOR		F WHAT COUNTRY?	8		9 BALTIMORE CIT	YRS.	OF DEATH
35		COUNTRY)	110	^		NEVER MARRIED	Rolli	NA 10 CO	Camala
-		Maryland ITY OR TOWN OF DEATH	H III. NAME O	F HOSPITAL, NURSIN	WIDOWED TO	DIVORCED HER INSTITUTION	12a USUAL OCCU	PATION	126. KIND OF BUSINE
X	T	OWSON	(IF NOT IN S	UCH FACILITY, GIVE STREET	11 -	Lal	(TYPE OF WORK FOR ME		
-	415U	AL RESIDENCE (IF NURSING	G HOME OR OTHER INSTITUTION	JOSEPH		rai	Homem	aker	***
4			36. COUNTY	13c. CITY OR TOW	VN 13d.	INSIDE CITY LIMITS?	13e.STREET ADDRE		
		Maryland	Baltimore	<u> Timoniu</u>		S NO X	214 Fall	Isbrook	Rd., 21093
Sai	14. FZ	ATHER'S NAME FIRST	WIODIE	LAST	15. A	AOTHER'S MAIDEN NA	MIDD	OI E	LAST
0		John	Thoma			Barbara	Agr		Kraning
1		WAS DECEASED EVER IN	U.S. ARMED FORCES		JRITY NO. 17. II	NFORMANT	A	DDRESS	
1		No	-	219-07-	1259	Albert K.	Kroft, san	ne as 1:	3 e.
		18 CAUSE OF DEATH	F						ADDRESS OF BUYER
	10	PART I. DEATH WA	S CAUSED BY:			8111171111	8 11174 63		APPROXIMATE INTER BETWEEN ONSET AND
	94	PART I. DEATH WA:	S CAUSEÓ BY: MMEDIATE CAUSE (a), DUE TO,		INOMA,	RIGHT LUNG	8, WITH EX	T, MET	
75		PART I. DEATH WA	S CAUSEÓ BY: MMEDIATE CAUSE (a) DUE TO. which (b) diote the DUE TO.	CARE	ENCE OF	R16H7 LUNG	8, WITH EX	(T, MET)	
76		Conditions, if any, so gove rise to imme cause (a), stating	S CAUSED BY: MMEDIATE CAUSE (a), DUE TO, which diote the lost. DUE TO, (c)	CAREOUI OR AS A CONSEOUI	ENCE OF				s, 6 mos
75	NO	Conditions, if any, gove rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNIF	S CAUSED BY: MMEDIATE CAUSE (a), DUE TO, which diote the lost. DUE TO, (c)	CAREOUI OR AS A CONSEOUI OR AS A CONSEOUI CONTRIBUTING TO	ENCE OF	RELATED TO THE TER/			s, 6 mos
	IFICATION	Conditions, if any, gove rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNIF	S CAUSED BY: MMEDIATE CAUSE (a) DUE TO. which (b) diote the lost. FICANT CONDITIONS THE CAUSE (C) FICANT CONDITIONS	CAREOUI OR AS A CONSEOUI OR AS A CONSEOUI CONTRIBUTING TO	ENCE OF ENCE OF DEATH BUT NOT	RELATED TO THE TERM	MINAL DISEASE OR C	CONDITION GIV 20b. IF YE IN CERTII	VEN IN PART TO
75	CERTIFICATION	Conditions, if any, some rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNIF	S CAUSED BY: MMEDIATE CAUSE (a) DUE TO. Which (b) diote the DUE TO. FICANT CONDITIONS. BY A FERRED DN 196 CON REVING 216 TIME	CARE OR AS A CONSEOU OR AS A CONSEOU CONTRIBUTING TO BROKEH DITION FOR WHICH	ENCE OF ENCE OF DEATH BUT NOT FORMSUM 6 OPERATION WA	RELATED TO THE TERM	200 AUTOPSY?	CONDITION GIV 20b. IF YE IN CERTII	VEN IN PART Ital S, WERE FINDINGS USED FYING CAUSES OF DEAT S NO
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DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

Lowell Lemmon, 10 W. Padonia

4/20/87

Dulaney Valley Mem. Gardens Timonium Balto.

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Rd.

Julio Deniero

4/2

other

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morked or

MPORTANT

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CERTIFICATION

MEDICAL

Conditions, if ony, which gave rise to immediate

cause (a), stating the underlying cause last

22a.1 certify that (1) this haspital sow the decea

230 BURIAL, CREMATION, REMOVAL 236, DATE

22b. SIGNATURE

Cremation

FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARY MENT OF HEALTH AND CERTIFICATE OF	D MENTAL HYG	IENE T REQNO. O	8 [
1. DECEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
AGNES	5 TATE	KROGER		04	24 87	8:53am
3. SEX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	White	Nov. 24,	1900	86 yrs	MONTHS DAYS	HOURS MIN,
To. BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVE	B A BRIED []	9 BALTIMORE CITY OR COUN	ITY OF DEATH	
COUNTRY) MD	USA		DIVORCED [Baltimore Cou	nty	MD.
TOWSON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Greater Baltimo			12a USUAŁ OCCUPATION ITYPE OF WORK FOR MOST OF WORKING Homemaker	LIFE) INDUSTRY	Home
USUAL RESIDENCE (IF NURSING HOME 130. STATE 130 CO			CITY LIMITS?	13e.STREET ADDRESS / ZIP CO		d., 21146
James	Edward LAST		R'S MAIDEN NA	ME	Irela	
	ARMED FORCES? 166 SOCIAL SECU GIVE WAR OR DATES) 212 10 2		John S	ADDRESS Seney. Towson	n. MD	
DADT L DEATH WAR CALL	anly one cause per line far (a), (b), and SED BY: ATE CAUSE (a) Massive Se				BETWEEN	IMATE INTERVAL ONSET AND DEATH
Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	ence of & Fungal II	nfection			

19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY AT WORK AT WORK

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

DUE TO, OR AS A CONSEQUENCE OF Enterocutaneous Fistula. Short

syndrome permanent parenteral alimentation

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Prasad Sompalli, M.D.

G.B.M.C.

22e ADDRESS

ATTENDING

PHYSICIAN

230 NAME OF CEMETERY OR CREMATORY Green Mount

DEGREE

Balto.

23d. LOCATION

and that in (my) (our) opinion death occurred on the date and have and from the causes stated

DIRECTOR PHYSICIAN

MEDICAL

COUNTY STATE

Tiordon Pendale

22c. DATE SIGNED

STATE

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

4/25/87

attended the deceased from

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STAFF

DHMH - 16 60M 7/84 (VRA 15, 4)

The state of the s Soft's , is new innever but we get to the first to the conin-this self-of- break sensu

heral director, page 3 n 72 hours after death

FOR STATE REGISTRAR

ST	ATE	OF	M	ARY	LAN	D

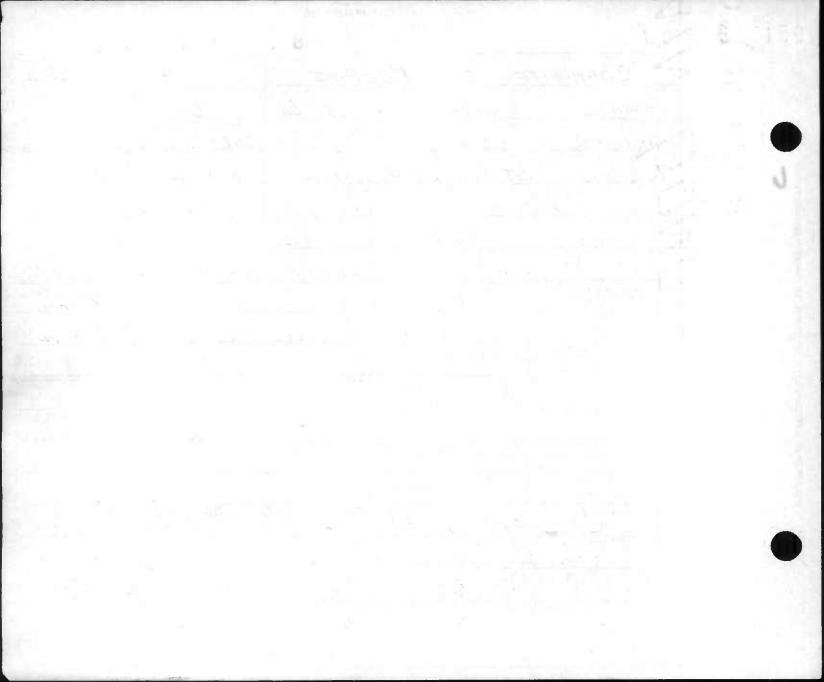
DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

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1	REGISTRAR				CERTIF	ICATE OF DEATH	REG	lo. U 8	12	
	ECEASED NAME	FIRST		AIDDLE	11	AST //	20 DATE OF DEATH	. /	00	. HOUR
		eLot		E	RUE	EHNE		4 27	81	1.20 AM
3. SE		1	RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY) IF UN		UNDER 24 HRS
1	remale		wh	ite	MONTH	25 20	60	P YRS.		, mile
7a. 8	SIRTHPLACE (STATE OR I	OREIGN 7	6 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	EATH	
10	ARY/ANO		05	A	WIDOWE		BALTIMO	re Cou	Int	/ MI
10. C	ITY OR TOWN OF DEA	ATH 1		OSPITAL, NURSIN		OR OTHER INSTITUTION	12g. USUAL OCCUPAT		b. KIND OF B	USINESS OF
21	lowson		ST.J	OSEPH	Has	SOITAL	Housewit		Home	
USU 13a.	JAL RESIDENCE (# NURS STATE	136 COUNT	THER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
_	aryland	Balt	imore	21204	1	YES NO X	1604 Mus		d. 2	1204
14 F	ATHER'S NAME	M	IDDLE	LAST		15. MOTHER'S MAIDEN NA/	ME		LAST	
1	Clarenc			Frock		Bessie			litt	
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
	No			218-12-2	2234	Harry R. Ku	ehnel604	Mussula	a Rd.	2120
	18 CAUSE OF DEAT PART 1. DEATH W	H (Enter only	one couse per	line for (a), (b), pno	l (ci.)	_ 1			APPROXIMAT BETWEEN ONS	TE INTERVAL ET AND DEATH
	PART I. DEATH W	IMMEDIATE		Herati	c	ailute			4 n	whe
			DUE TO OF	R AS A CONSEQUE	NCEOF					
	Conditions, if any,	which	(6)	IH	10951	5 um entain	Etilen		10 2	egra
	gave rise to imm	nediate	}	AC A CONCEOUE	NCE OF		- //			
	underlying couse		DUE TO, OF	R AS A CONSEQUE	NCE OF					
	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	FATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN	PAPT 1:00	
N N			Endoc	11/0/0			biograp on co.		777111	
CERTIFICATION	190. DATE OF OPERA	TION			OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, WE		
I E							YES NOW	IN CERTIFYING		DEATH?
1 8	21a. ACCIDENT WAS UNE	ERLYING	21b. TIME O			21c. HOW INJURY OCCURR				
	OR CONTRIBUTING (HOUR A.F	M. MONTH DA	Y YEAR					
MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		21f LOCATION				_
N N	WHILE NOT WHAT WORK AT WO	ILE 🗌	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	OWN	OUNTY	STATE
	22a. I certify that		l) ottended the	decensed from	3 /	19 10 00 1	10 A141	77 10	87 100	e estatum) lese
	sow the decease	ed alive on_	4/2	7 19	97 or	nd that in (a) (our) apinion o	death occurred on the o	late and hour ond	from the cou	ses stated
	22b, SIGNATU	did) (dalam)	view the body	ofter death		DECIREE			22¢ DATE SIG	
	4	on.	9. 9	Howell	1 1	ATTENDING PHYSICIAN	MEDICAL STA	FF Q.	april 2	7/27
	MI PHYSICIAN'S N	ME (TYPE OR	51EV	ENS		7620 4	onk Rd	Towson	i de	1
23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	BURIAL		APRIL	30,'87	PARK	WOOD CEMETE	ERY BALT	IMORE C	0., M	D STATE
24 F	FUNERAL DIRECTOR					25a. DAT	E REC'D. BY REGISTRAF			
W	ILLÎAM E.	JOHN	NSON 8	521 LOCI	HRAV	VEN BLVD. A	PR 2 8 1987	Jun Die	ideon-Ra	adapt

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and should be detached for use as the bunal-transit permit. Then please remove carbon popers. Pagé with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.



STATE OF MARYLAND

- 1	REG.QO.	0	8	3
- 6	REGIO.	100		100

5 1 9 8 7 APR 30	17,	FOR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG	IENE			
	1.	• STATE REGISTRAR			CERTI	FICATE OF DEATH	REGOO.) 8 3		
oge 3		CEASED NAME FIRST LOOP PRINT)	ouisa K	urtz		LAST	April 23, 1		25 HOUR 3:30A M	
ge 4 mc	3. SE	× F	4 RACE			DF BIRTH 12, 1895	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
deoth. Page erol direct 72 havrs	/	RTHPLACE (STATE OR FOREIGN COUNTRY) Austria	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCHFACILITY, GIVE STREET ADDRESS) HOLLY HILL Manor				9 BALTIMORE CITY OF COUNTY OF DEATH			
		Baltimore				12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Homemaker		OF BUSINESS OR		
ND 212 24 haur filled in i	130. S	STATE 13b. COU	R OTHER INSTITUTION	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS?		136 STREET ADDRESS / ZIP (CODE Hills Dr.	21093		
MARYLA within ad within	14. FA	HER'S NAME FIRST Anton Braun 15. MOTHER'S MAIDEN NAME FIRST FIRST Eva Bauer LAST								
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours of spicion and completely filled in its popers, rages, and 2 should be a first of the medical execution.	16a. V	VAS DECEASED EVER IN U.S. AI YES, MO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	215 28 4		Mrs. Charles	F. Loos 105	Shetland	21093 Hills Dr.	
rhe death certifications of the other characters of the other carbon permotion, or remoter traumotic ever		Canditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, C	OR AS A CONSEOU	PENCE OF	ged art	rio -		umate interval Onset and death	
RDS, 201 W equires that n signed by 1 Then please to burial, cr.	NO	underlying cause lost. PART 2. OTHER SIGNIFICANT	(c)_			NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 11	a ·	
AL RECOR	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY? 20b. IN C	IF YES, WERE FINDINGERTIFYING CAUSES	NGS USED S OF DEATH?	
A OF VITA de physic certificate cital-trans		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A	DF INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART OR PART ?}		
DIVISION AG PHYS after this can the burnth the and My	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
ATTENDI ospital a ECTOR, A of for use it of Heal		220.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n	1 1	1 1	87.		leath occurred on the date and			
105Ptfal OR PLUERAL DIRE HUNDERAL DIRE HUNDERAL DIRE HIP STORE DESTINATION ORTANI, F. Hen		22d PHYSICIAN'S NAME (TYPE	16	retr	1	DEGREE ATTENDING PHYSICIAN 122 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	n. DATE	23/17	
TO FUNE should be with the 50	100	HXNS J.	KOET		40	7600 0	sler m	re		
BP	230. E	BURIAL, CREMATION, REMOVAI BUrial	23b. DATE 4/27			cod Cemetery	23d LOCATION CITY OR TOWN Baltimore	COUNTY	STATE	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	UNERAL DIRECTOR MITCHELL-WIEDER		ADDRESS			REC'D. BY REGISTRALL		LIRE	

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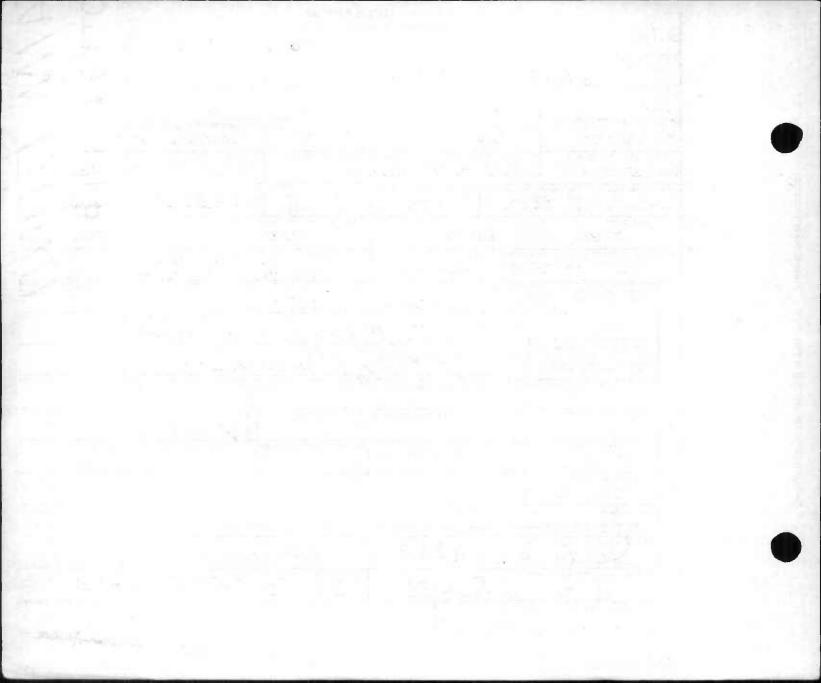
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400	200	FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH	7	REG.	140	8	ting		
		CEASED NAME FIRST	1 . 1	. Kus		A51	70	DATE OF DEATH	MONTH 4	26 26	87	25 HOU) AM
	3. SEX		4 RACE WHITE		5. DATE C	DF BIRTH 4, DA 1919 YEA		AGE (IN YEARS LAST BI	RTHOAY)		DATS	IF UNDER	AIN.
1		RTHPLACE (STATE OR FOREIGN	USA		MARRIE	DX NEVER MARRIE		BALTIMORE CITY O	OR COUN				MD.
>		NDALLSTOWN	BALTO.	HOSPITAL, NURSII	NG HOME C	OR OTHER INSTITUTIO	N 12	USUAL OCCUPAT		LIFE) IND	KIND O	BURAN	SS OP
1	USU/ 13a S M/	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL ARYLAND E	BALTO.	136. CITY OR TOY BALTO	RE ADMISSION)	134 INSIDE CITY LW	ITS? 13	STREET ADDRESS	TZIP COI	DE	#212	208	
1	14. FA	ATHER'S NAME CAPPEL	WIDDLE	JSHEL LAST		15. MOTHER'S MAID	NNIE	WIDDLE			COH	ĖN	
	C	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per ED BY: DUE TO, O DUE TO, O (c)	R AS A GONSEOUR	dia dia the of n	1 F.YDI C. Fail NYOCACO Y Alber NOT RELATED TO THE	lur diál		ction			MATE INTER	/Al H
)	CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME C	F INJURY	OPERATIO	21¢ HOW INJURY C	OCCURRED	200 AUTOPSY? YES NO (CENTER NATURE OF INJUR	IN CERT	IFYING (CAUSES	IGS USED OF DEATH	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIWHILE AT WORK AT WORK	P. PLACE	M. OF INJURY REET, FACTORY, OFFICE	19 FARM, ETC 1	21f LOCATION STREET		CITY OR TO	NWO	co	UNTY	51	ATE
/		220.1 certify that (1) (this has a saw the deceased alive a abaye (1) (we) (did) (did not be say that a say the deceased alive a abaye (1) (we) (did) (did not be say that a say	n	19		DEGREE ATTEND PHYSIC 22e ADDRESS ATTEND PHYSIC	pinian dea	th occurred an the d	FF _			SIGNED	
	24. FL	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL UNERAL DIRECTOR SOL OLO REISTERSTOR	APR.28	23c.	HAR S			23d. LOCATION OWINGS C'D. BY REGISTRAN					mö

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND D

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EPA					MENTAL	HYGIEN
	CE	RTIF	CATE	OF	DEATH	1

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7	RED NO	- 0	- 3
6	RESINO -	des	~

R -8 0	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REQNO	8 5
TY	DECEASED NAME Mary	Theodobert Lan	nbert	26 DATE OF DEATH MONTH April	6,87 2:25
¥ S	Female	4 RACE White	5. DATE OF BIRTH May 4, DAY 1883	6 AGE (IN YEARS LAST BIRTHDAY) 103	IF UNDER 1 YEAR IF UNDER 24 H
76.	BIRTHPLACE (STATE OR FOREIGN CONTRY) New York	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore CITY OR COUN	
5 10	Baltimore	Villa Assumpts	g home or other institution ADDRESS 6401 N. Char	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CS Teacher	LIFE) 126. KIND OF BUSINESS INDUSTRY Education
130	Maryland Bal	Timore Baltin		6401 N. Char	les Street
30	FATHER'S NAME FIRST Adam J Tamb WAS DECEASED EVER IN U.S. AF		RITY NO 17. INFORMANT	Badhorn ADDRESS gelina Catina	- same
ury, or other triummite and	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE		winal disease or Condition G	YPASS
8 shows any injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH: YES \(\text{NO} \)
der Item 18 sh		ATH HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM II	B, PART I OR PART 2)
orked	AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
m 21 is m	saw the deceased alive or above, (I) (we) (did) (did no	April 20 19 8		death occurred an the date and h	
IMPORTANT: If Item 21 is m	22d. PHYSICIAN'S NAME (TYPE OF Lawre)	DR PRINT) nce Boas, M. D	22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN A dam Rd., Cocke	ysville 210
≥ / 230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23h DATE 23r N	IAME OF CEMETERY OR CREMATORY La Maria Cemet	123d LOCATION	
6 24.	FUNERAL DIRECTOR	ADDRESS	250 DA	TE REC'D. BY REGISTRAR 256. REGI	

6500 York Rd

Inc.

DHMH - 16 50M 1/76 (VR A 15 (4))

Mitthell-Wiedefeld Home

BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the determined by the haspital or attending physician.

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No. 1 September 1981 And Advanced to the control of the control of

F-17 - 1/27 2 1/22 1/27

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within 24 hours oft

deoth certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or New Mental Applications are injury, or other troumatic event, the media

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-9	STATE REGISTRAR			TIFICATE OF DEATHS	I BEG. NO	080
	CEASED NAME FIRST JOHN	A.	DDIE L	AMBRECHT	April 6, 19	28 110011
3. SE	x Male	Nhite		TE OF BIRTH 2, DAY 1908 FAR	6 AGE (IN YEARS LAST BIRTHDA'	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
(RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF W	A. MAI	RRIED NEVER MARRIED OWED DIVORCED	9 BALTIMORE CITY <u>OR</u> CO Baltimore	County,
	Towson	St. Jo	FACILITY, GIVE STREET ADDRESS Seph Hospit	al	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Owner Tay 1	Drking Life) 12b. KIND OF BUSINESS O NOUSTRY Chemicals
130 S Ma	7		Towson	YES NO	13e STREET ADDRESS / ZIF	r Road 21204
0	ATHER'S NAME William	Arthur	Lambrecht	Elizabe	th MIDDLE	Winter
()	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI NO	VE WAR OR DATES	66 SOCIAL SECURITY N 212-07-4196		de C. Lambrech	nt Same as #13.
NOI		(c)		ASCVD OF 3 GTES BUT NOT RELATED TO THE TERM		ON GIVEN IN PART LIO
CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY? 201	B. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M	. MONTH DAY YE	216. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
ME	WHILE NOT WHILE AT WORK		T. FACTORY, OFFICE, FARM, ETC	STREET	CITY OR TOWN	COUNTY STATE
	220. I certify that (I) (this have sow the deceased alive or above, (I) (ma) (die) (did no 22b. SIGNATURE	MAR	19 87			nd hour and from the couses stated
	27d. PHYSICIAN'S NAME (TYPE OR ROBERT W. Lis	le, M.D.		PHYSICIAN 220 ADDRESS 57 W. Timoni	DIRECTOR PHYSICIAN	onium, Md. 21093
230 B	BURIAL, CREMATION, REMOVAL (SPECIFY) 1 rial	23b. DATE 4-9-8		of CEMETERY OR CREMATORY laney Valley	23d LOCATION CITY OF TOWN Cockeysvil	
	UNERAL DIRECTOR NAME K Towson Funer	al Home,	1050	York Road 250 DA	VPR - 8 1987	REGISTRAR'S SIGNATURE

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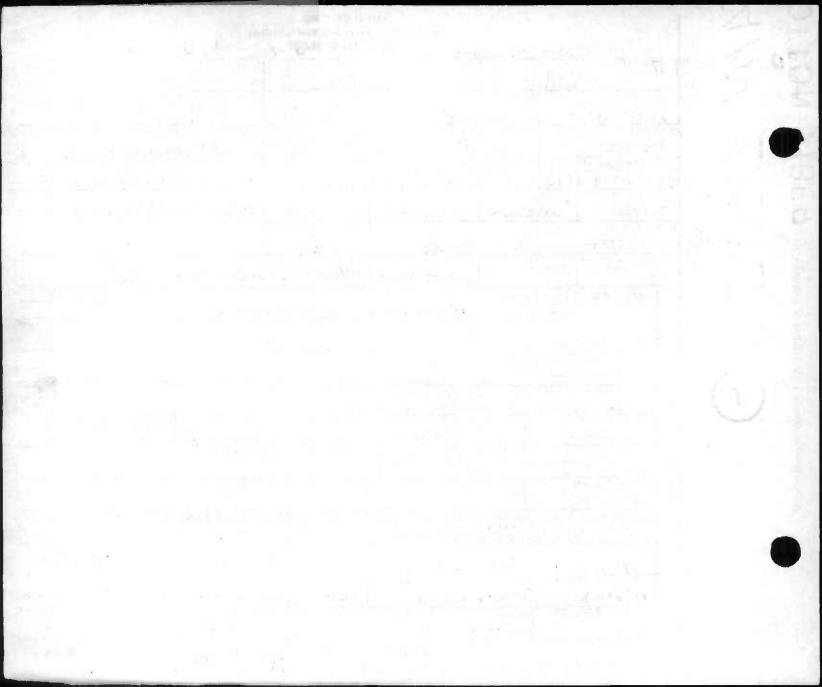
TO HOSPITAL OR ATTENDING PHYSICIAN: The In retained by the hospital or attending physician. STATE OF MARYLAND

	FOR STATE		*		DEPAI		EALTH AND MENTAL HY	GIENE		Sh. 1	
	REGIST	RAR G	ladys	M. Lar	nasa	CERTIF	ICATE OF DEATH	REO	Jio. J	8 /	
PR 21	DECEASED		FIRST	22031	MIDDLE		AST	2a. DATE OF DEATH	MONTH	DAY YEAR	HOUR 38
Con 1	TYPEORPRINT)	(-	shale	15	M.	ha	insa.		4	18-81	1238
3.	SEX		4 Cocce	RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
	For	ale		1111	ito.	MONTH	31 19	10	VDC		HOURS MIN.
7-17	BIRTHPLAC	E (STATE OR	FOREIGN 1	Th CITIZEN OF	WHAT COUNTR	Y? 8	2911	9. BALTIMORE CIT	YRS Y OR COUN		
55	Mary1	and		1	A	MARRIE	NEVER MARRIED	Rolt	1 00 00 10	0	
July H	CITY OR H		ATH A	II. NAME OF	HOSPITAL, NUR	SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP	ATION	County	BUSINESS OR
8	1 - 101		m		HEACILITY, GIVE STR		= +0 D	(TYPE OF WORK FOR MC	ST OF WORKING	LIFE) INDUSTRY	
	200	MONO.	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE SEE	FORE ADMISSIONI	Spila &	Clerical		7.0	City
	3a. STATE		136 COUN	TY	13c. CITY OR TO	NWC	13d. INSIDE CITY LIMITS?	13 STREET ADDRES	S / ZIP CO	DE CI-	. 03363
	Maryl		Bal	timore	White	Hall	YES NO X		rkwood	Snop Roa	ad 21161
3/17		IRST	N	AIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDL		EAST	
U		lliam		C.	Wagner		Daisy			Aro	
14	WAS DEC			MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		DRESS		
	No				220-05	-5795A	Vincent M.	Lanasa Sa	me as		
					line for (o), (b),	ond (c).)				APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEATH
	PAR	T I. DEATH V	VAS CAUSED	E CAUSE (a)	Myo	e ur s.a	1 Infave	Lian			
					R AS A CONSEC						
	Condit	ians, if any	which	1	K AS A CONSEC	JUENCE OF					
	gove	rise to im	mediate	(b)							
		(o), stotil		DUE TO, O	R AS A CONSEC	QUENCE OF					
1	PAPT 2	OTHER SIG	NIEIC ANT C	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	AINIAI DISEASE OR C	DNDITION	TAKEN IN DART 1	
		Per 4	,		e (a -			MINAL DISEASE ON C	DIADITION G	NIVEN IN PART TIO	
pr.	19a. DAT	E OF OPERA	-			CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDING	SS USED
4	E I							YES T NO		TIFYING CAUSES C	PF DEATH?
	210 ACC	IDENT WAS UN	DERLYING T	21b. TIME C	F IN ILIRY		21c HOW INJURY OCCUR		- Common - C		NO []
	00.0000		CAUSE OF DEAT		M. MONTH	DAY YEAR	THE WORLD COOK	TENTER NATIONE OF	TOTAL IN THE ME	D PART TOR PART 23	
		URY OCCUR	CAL EXAMINER)	P. 21e. PLACE	M.	19	211 LOCATION				
	ZIO INJ		HILE []		REET, FACTORY, OFFI	CE, FARM, ETC)	STREET	CITY O	RIOWN	COUNTY	STATE
	AT WORK	AT WC	ORK .			- 11.1					
					e deceased from		19.87	, ta	\$		at (I) (we) last
	obo	the deceas ve, (l) (we) (ed alive an . did) (did not	view the body	after death.		nd that in (my) (our) opinian	death accurred on th	e date and h	aur and fram the co	iuses stated
	22b. SIG	NATURE		14.77		13044	DEGREE		40 H	22c. DATE SI	GNED
	0	mu	AME (TYPE OR	Sta	imber	~ i	ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [7110	(18)
7	22d PH	SICIAN'S N	AME (TYPE OR	PRINT)			22e. ADDRESS				
	m	MAK		STNO	mistr	6	120 Siste	- Pierre	Dr.	1 cusc	'n my
2	a. BURIAL, C			236. DATE			EMETERY OR CREMATORY				
	(SPECIFY)							Timoni	_	county	STATE
2	Buri:	DIRECTOR		Wht. ST			Valley Cem.	TE REC'D. BY REGISTE	AR 75h REGI	alto., Md.	
4	NAME		T	1			rk Road	PR 20 1987	Lina	STRAR'S SIGNATULE	dall
1	WUK TO	JWSON	runera	al Home	. Inc. r	Powson	Md 21204 A	11 70 100			

DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	759		6.3	
- 1	REG. NO.	6 1	8	ě
4	REG. NO.	~	-	

1-9	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	o. U 4	0	
1. DEC	CEASED NAME	FIRST	- 1	AIDDLE		LAST	20. DATE OF	DEATH	HTMOM	DAY YEAR	2b. HOUR
(TYPE	OR PRINT)	MILDRE	ED	Α.		LARKINS	April	15,	1987		11:51A A
3. SEX	X		4 RACE		5. DATE C		6. AGE (IN YE	ARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Female		Wh	ite	June			66	YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUN	ITRY? 8	D NEVER MARRIED	9 BALTIMO	RE CITY O	R COUNTY	OF DEATH	
	Marylan	d /	U.	S.A.	WIDOW		Balti	more	Count	;y	M
	Rossvill		(IF NOT IN SUC	H FACILITY, GIVE	URSING HOME (STREET ADDRESS) [Uare Hos	or other institution	128 USUAL C		F WORKING LIF		F BUSINESS OF
USUA 13a. S	AL RESIDENCE (FINESTATE LATE)		OTHER INSTITUTION.	GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13e STREET A			Avenue	21234
14 FA	THER'S NAME		MIDDLE	LAS	,	15. MOTHER'S MAIDEN NA	ME	MIDDLE			
1	Leonard		WIDDLE	Hinton		Lillia	n	WIDDLE	V	Vilhelm	
	VAS DECEASED EV		MED FORCES?	166. SOCIAL	SECURITY NO.	17. INFORMANT		ADDRE	SS	21234	
STATE OF THE PARTY OF	No	(# TES, GIV	E WAR OR DATES	220-0	7-5706	Harry J. L	arkins	Sr. 3	3218		Ave.
	18 CAUSE OF DE PART I. DEATH	ATH (Enter or	nly ane cause per	line for (a), (b), and (c).)					APPROXI/	MATE INTERVAL
CERTIFICATION	PART 2 OTHER S					NOT RELATED TO THE TERM	200 AUTO		20b. IF YES	VEN IN PART TO S, WERE FINDIN FYING CAUSES	IGS USED
E			13.				YES 🗌	NOXX	YE		NO 🗌
MEDICAL CER	210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DE	HOUR A.	M. MONTH M.	H DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTERNAT	URE OF INJUI	RY IN ITEM 18 F	PART 1 OR PART 2}	
MED	21d. INJURY OCC	WHILE WORK	21e PLACE (AT HOME, STR	OF INJURY PEET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	220. I certify that saw the dece above, Milliwe 22b. SIGNATURE	ased alive on	April 1	5	1987 , 0	nd that in () (aur) apinion	, to Apr		5 , ate and hou		
	22d. PHYSICIAN'S	NAME TYPE	SR PRINT)	R	U ×	ATTENDING PHYSICIAN 2220 ADDRESS 9000 Frank1	medical Director[IAN	21237	15/27
	BURIAL, CREMATIO	N, REMOVAL	236 DATE		23c NAME OF C	CEMETERY OR CREMATORY	23d. LOCA	TION	I I V C 9		
1	(SPECIFY) Buri	al	Apr 18	1987	Morela	nd Memorial	City,	altim	ore	COUNTY Maj	rvland
	JNERAL DIRECTOR		-	- ADD	DRESS					TRAR'S SIGNATI	
	Leonard .	. Kucl	k, Inc.	Baltin	nore, Ma	ryland A	WIOL	987	rea of	Turder R	indall

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTO should be detach with the State De FOR

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TOP REPORT OF THE PROPERTY OF

CERTIFICATE OF DEATH REGISTRAR L'DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) DEATH MATED 3. SEX IF UNDER 24 HRS. DATE Male White DEAD To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore County Canada IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
Self employed (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Franklin Square Hospital Rossville USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 13c CITY OR TOWN 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 2 Whitelaw Place Maryland Baltimore Putty Hill 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Frank Melinda Arsenault Arsenault 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT Apt 1D ADDRESS 21236 LYES, NO. OR UNKNOWN! No 218-26-8866 EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.
PAGE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGE AFFEADEATH, WITH THE STATE DEFARMENT OF HEALTH AND MENTAL HYGIENE, DIVIS BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. James L Arsenault 2 Rosecrans Place DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY: RIOSCLERUTU CARDIO IMMEDIATE CAUSE BRDISEASE Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21 LOCATION WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY 22s I certify that I took charge of the ramage described above, held an Autopsy Inspection and in my opinion Undetermined manner Suicide EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION

11 1987

Leonard J. Ruck, Inc. Baltimore, Maryland

Apr

Burial

24 FUNERAL DIRECTOR

07/84 25M

DHMH - 17

(VR A15 ME (5))

Holy Redeemer Cem.

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

126 KIND OF BUSINESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY? YES

Maryland

25b REGISTRAR'S SIGNATURE

Baltimore

25e. DATE REC'D. BY REGISTRAR

STATE

SCHOOL DESCRIPTION IN THE STATE OF THE STATE and the state of t The state of the state of the state of Later to I to the later to the en that the death certificate be executed within 24 hours after death. Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN, The

fureral director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH /

	0	. 3	2	1
1		U	1	V
	REG. NO	J.		

21.8	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE I REG. NO.	90
	CEASED NAME FIRST CATT	HERINE B	LASHLEY	29. DATE OF DEATH MONTH	16 87 3:10
3. SE	Semale	Inhite	5. DATE OF BIRTH MONTH 2-5-1907	6 AGE (IN YEARS LAST BIRTHDAY)	
	RTHPLACE (STATE OR FOREIGN 72 COUNTRY) Thurs land	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	I DATRITIMOUS CONT	
	TOWSON	GEMC - 6701 NOR	THE CHARLES ST.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	NG LIFE) 126 KIND OF BUSINESS INDUSTRY
9	L RESIDENCE (IF NURSING HOME OR O TATE 138. COUNT	Billin	VN 13d. INSIDE CIPYLIMITS? YES NO 15. MOTHER'S MAIDEN N.		ode St. 2123
	VAS DECEASED EVER IN U.S. ARM	WAR OR DATES)	200	ADDRESS ADDRESS	Spilmer 2108
	18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY: RESPTRA	nd (c),)	Mley - 3206 0	APPROXIMATE INTERVA BETWEEN ONSET AND DE
	Canditians, if any, which gove rise to immediate cause (D), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) SEPSIS DUE TO, OR AS A CONSEQUE (c)			
TION			DEATH BUT NOT RELATED TO THE TER		
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
EDICAL CER	2)0. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	A TB PART FOR PART ?)
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STAT
1		il) attended the deceased from_		37 to 4-16	, 1987_, that (1) (we)
	220.1 certify that (1) (this haspita saw the deceased alive an above, (1) (we) (did) (did nat)	view the bady after death.		death occurred an the date and	
	saw the deceased alive an above, (I) (we) (did) (did nat) 22b. SIGNATURE	view the bady after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF -	22c. DATE SIGNED
	saw the deceased alive an above, (I) (we) (did) (did nat)	view the body after death.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS		224. DATE SIGNED 4-16-87

DHMH - 16 60M 7/8 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this chould be detached for use or the built has Stote Dept. of Health and M.

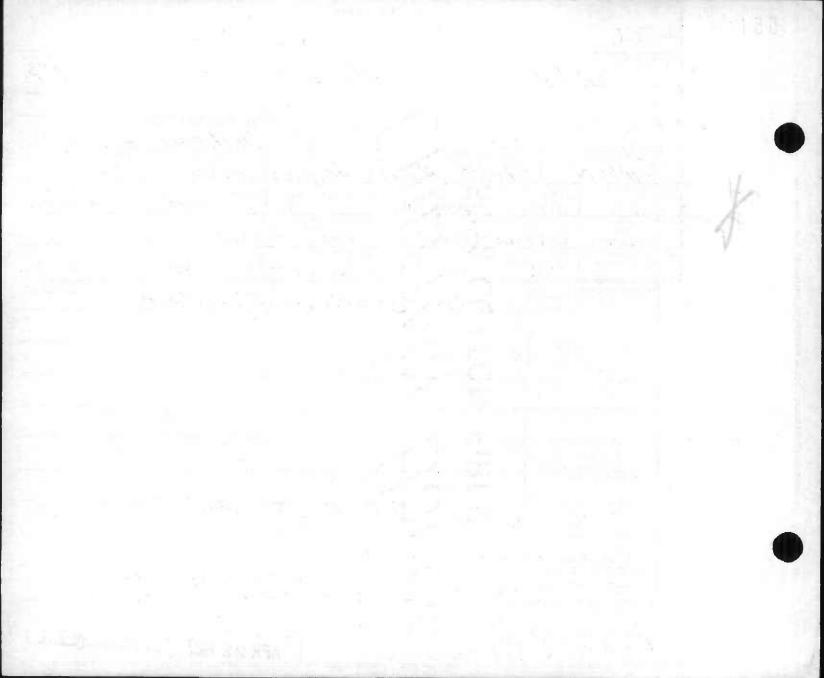
er the certificate has been alread by the attending physician and the bean property. Pages and Mental Hydrine prior to been, cremation, or remayal.

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STATE OF MARYLAND

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REG. N	O.		

						SIAI	E OF MARYLAND)				
290	117	STATE 7 REGISTRAR			DEPAR		ICATE OF DE		E I O REG. N	0 9		
	(TYPE	CEASED NAME, OR PRINT)	dies	red	Claibo	1	9+Rob	e III	April		787	8 PM
	3. SE)	ale		White	100	5. DATE (916	71	YRS.	THS DAYS F	HOURS MIN.
35		RTHPLACE (STATE OR I OUNTRY) Maryland		USA	WHAT COUNTRY	MARRIE	D DNOR	RCED	BALTIMORE CITY OF	Re Cou	unt	W MD.
O	10. CI	OWSON	1 3	STEP	H FICILITY, GIVE STRE	PAR	S HOSE	. (1)	Self-Emp	OF WORKING LIFE)	126. KIND OF INDUSTRY CENGINE	er
must be	13a. S	AL RESIDENCE (IF NURS TATE Md.	136 COUNTY Balto.	ER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TO Luther	WN	13d. INSIDE CITY I	LIMITS? 13e	STREET ADDRESS 800 Bomo	zip code nt Rd.,	2 Luthe	1093 erville
30		THER'S NAME FIRST Ferdinand	Claibo		Latrobe	П	Aileen	T	Ford	Latr	obe LAST	
N/A	16a. V	AS DECEASED EVER		FORCES?	166. SOCIAL SEC 217-05-		17. INFORMANT Mrs. Ka	atharin	e E. Latr		0 Bom	ont Rd.
even she		18. CAUSE OF DEAT PART I. DEATH W	H (Enter only o 'AS CAUSED B'	Y:	nolos L	1.	PRCINO	nf of	beast.	ptc.	APPROXIMA BETWEEN ON	SET AND DEATH
ather traumatic		Conditions, if any gove rise to improve (a), static underlying couse	nediate ig the	(b)	r as a conseo r as a conseo			,				
injury, ar	NO	PART 2. OTHER SIGI	NIFICANT CON	IDITIONS <u>C</u>	ontributing I	DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE OR CON	IDITION GIVEN	IN PART 1:0	
shows only	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORME		20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [/ERE FINDING IG CAUSES O	S USED F DEATH?
9		210. ACCIDENT WAS UNI	CAUSE OF DEATH	216. TIME O HOUR A. P.	M. MONTH	DAY YEAR	21c HOW INJUR	RY OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
21 is marked		22a.l certify that () sow the decease above, (1) (we) (ed alive on	BRIL	18 19		nd that in (my) (ou	r) opinion dear	, to Holid th occurred on the d	ate and hour or	, the	
T: If Hem		226. SIGNATURE	a A		Have	ent	DEGREE ATTE	ENDING A	MEDICAL STA	FF CIAN	224. DATE SH	GNED
IMPORTANT:		22d PHYSICIAN'S N. Carla A			M.D.			Stella	a Maris	Hospic		21204
2	230 E	URIAL, CREMATION,	REMOVAL 2	36. DATE			EMETERY OR CREA	MATORY	23d LOCATION CITY OF JOWN Baltimo			ryländ
7/B4	24 Ft	ryan W.	Olary,	18.1			<u> </u>		C'D. BY REGISTRAF			



TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or ottending physician.

DHMH - 16 60M 7 (VRA 15, 4)

in 72 hours after death

moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 0	(3)	3
UU	7	Line
REG. NO.		

20	1 -	STATE REGISTRAR					FICATE OF DEATH	REG.	NO.	7	ling	
i K	I. DEC	CEASED NAME ORPRINT)	FIRST	1,571	MIDDLE	(LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
			Donn	a Jean	LEBRUN			April 22.				1:05P
	3. SEX	Female		4. RACE White		5. DATE O	ruary 4, 1949	6. AGE (IN YEARS LAST)	BIRTHDAY)	MONTHS	DER I YEAR	HOURS M
35	70. BII	RTHPLACE (STATE OR	FOREIGN	75. CITIZEN OF WHAT COUNTRY?			DIVORCED	Baltimore County of Death Baltimore County				
7	Rossville 2123			Frankl	HOSPITAL, NURSING FACILITY OF THE	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WOODE OST OF WORKING LIFE) INDUSTRY				
5	USUA 13a. S	AL RESIDENCE (IF NUR JATE aryland	SING HOME OR 136 COUNTY	OTHER INSTITUTION TY LIMOTE	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13° 53774500055	rks F	Sint.	Rd.	21220
30	14 FA	THER'S NAME LEO LE	Brun	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/ FIRST DOI	ris Alban			LAST	
or other traumant event, we mean		VAS DECE ASED EVER		med forces? 166 SOCIAL SECURITY NO. 213 78 7685 Doris LeBrun, Mother					_	ame		
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00										
		gove rise to im couse (a), statio underlying couse	r, which mediate ng the e last.	DUE TO, O (b) DUE TO, O (c)	r as a conseque Hydroceph r as a conseque Pneumococ	ence of lalus ence of cal p	neumonia	INAL DISEASE OR CO	NDITION G	IVEN IN	PART IIO	
2	TIFICATION	gove rise to im couse (a), statio underlying couse	v, which mediate ng the e last.	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE Hydroceph R AS A CONSEQUE Pneumococ Ontributing to 1	ENCE OF LA LUS ENCE OF LA LUS DEATH BUT	neumonia	200 AUTOPSY?	20b. IF Y	ES, WER	E FINDIN	GS USED OF DEATH?
2	CERTIFIC	gove rise to im couse (a), stating underlying couse PART 2. OTHER SIG	r, which mediate ng the e lost. NIFICANT C	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 19b. COND 19b. TIME O HOUR A.	R AS A CONSEQUE Hydroceph R AS A CONSEQUE Pneumococ DITRIBUTING TO D ITION FOR WHICH FINJURY M. MONTH DA	ENCE OF LA LUS ENCE OF CAL D DEATH BUT OPERATIO	DNEUMONIA NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y IN CERT	ES, WER	E FINDIN CAUSES	GS USED OF DEATH?
29	MEDICAL CERTIFICATION	gove rise to im couse (a), stating underlying couse PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR	which mediate ng the e lost. NIFICANT CONTINUE CANSE OF DEA ICAL EXAMINER: RED HILE	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 71b. TIME O HOUR A. P. 71e. PLACE	R AS A CONSEQUE Hydroceph R AS A CONSEQUE Pneumococ DNTRIBUTING TO I ITION FOR WHICH IF INJURY M. MONTH DA M.	ENCE OF CCAL POPERATIO	DEUMONIA NOT RELATED TO THE TERM IN WAS PERFORMED	200 AUTOPSY?	20b. IF Y IN CERT JURY IN ITEM 18	ES, WER FIFYING YES B PART I OF	E FINDIN CAUSES	GS USED OF DEATH?
29		gove rise to im couse (0), statis underlying couse PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER, NOTIFY MED 21d. INJURY OCCUR.	r, which mediate ng the e lost. NIFICANT CONTINUES. TION DERLYING CAUSE OF DEA ICAL EXAMINER: RED HILLE D	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 19b. COND THE HOUR A. P. 21e. PLACE (AT HOME, STE	R AS A CONSEQUE HYDROCEPH R AS A CONSEQUE PREUMOCOC DITRIBUTING TO D ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	ENCE OF CALL PROPERTIES OPERATIO AY YEAR 19 ARM. ETC.)	POPELIMONIA NOT RELATED TO THE TERM IN WAS PERFORMED 211. HOW INJURY OCCURR 211. LOCATION STREET 19. 87 nd that in (our) opinion of DEGREE	YES NO AUTOPSY? YES NO WED (ENTER NATURE OF IN CITY OR DEPTH OF IN	JURY IN ITEM 18	YES CC., 1987	PE FINDIN CAUSES (GS USED OF DEATH? NO STATE
29		gove rise to im couse (a), stating underlying couse PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE AND ALWO 22a. I certify that sow the dece obove, (Me) (22b. SIGNATURE) 22d. PHYSICIAN'S N	TION TOTAL EXAMINER (1) AME (1)	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STE	R AS A CONSEQUE Hydroceph R AS A CONSEQUE Pneumococ DNTRIBUTING TO I ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F e deceosed from 2 19 8 offer deoth.	ENCE OF CALL PROPERTIES OPERATIO AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. LOCATION SIREET 19. 19.87 and that in (our) opinion of DEGREE	YES NO NO NED (ENTER NATURE OF IN CITY OR Depth occurred on the DIRECTOR PHYS	20b. IF Y IN CERT JURY IN ITEM 18 FOWN 22 date and ha	ES, WER TIFYING YES	PEFINDIN CAUSES (PRPART 2)	GS USED OF DEATH? NO STAT hot (we) couses state.

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FOR

STATE OF MARYLAND

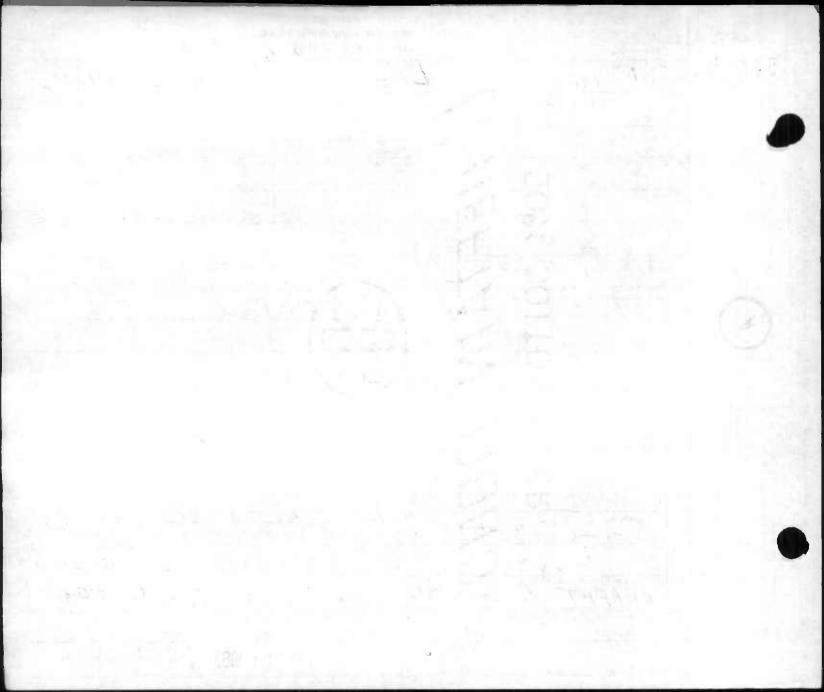
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 . 0	13	U	3
REG. NO.	V	4	0

	REGISTRAR				CERTII	FICATE OF DEATH	/ REG. NO. U 9	3
1. DI	ECEASED NAME	FIRST		MIDDLE	1 -	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
-	V V	MAE	Jo	00	EL		4-21-8	1843 A
3 SE	EX		1. RACE	0	5. DATE (OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER	TYEAR IF UNDER 24 H
	Female		Orient		12	-27-1901	85 YRS	
7a. B	COUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEA	ATH
	Korea		Korea		WIDOW		Baltimore County	
M C	CITY OR TOWN OF DE	AIH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION		CIND OF BUSINESS USTRY
	Randallsto					eral Hospital	Homemaker	
13a	STATE	136 COUN	TY	13c. CITY OR TOW	/N		13e STREET ADDRESS / ZIP CODE	
_	Maryland ATHER'S NAME	Balti	more	Randalls	town	YES NO X	3810 Pikeswood Dr.	211
4 6	FIRST		MIDDLE	LAST		FIRST	WIDDIE	LAST
60 '	Unkno WAS DECEASED EVER		AED EORCESS	KO	IDITY NO	Unkno		21122
	(YES NO OR UNKNOWN)		WAR OR DATES			17 INFORMANT Randa		21133
	18 CAUSE OF DEAT PART I. DEATH V			216-92-		IMr. Joon Kwar	ng Lee 3810 Pikeswoo	od Dr. APPROXIMATE INTERVAL TWEEN ONSET AND DE
CERTIFICATION	PART 2. OTHER SIG					NO RELATED TO THE TERM	20g AUTOPSY? 20b IF YES, WERE	FINDINGS USED
RTIF	01 455/55/5		011	NE IN LUIDY		To Dome	YES NOW YES	NO 🗆
	OR CONTRIBUTING		11b. TIME C HOUR A	of injury .m. month di	AY YEAR	ZIC HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR P	ART 2)
MEDICAL	(IF EITHER, NOTIFY MED			.M. OF INJURY	19	211 LOCATION		
WE	WHILE NOT W	HILE [REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TOWN COUR	NTY STATE
	77s.1 certify that (_	ottended th	ne deceased from	4-	2/ 10 97	10 42 21 10 8	7.7, that (I) (we)
	saw the decem	ed alive on.	400	2/ 19	87.0	nd that in (my) (aur) opinion o	death occurred on the date and have and fro	/
	17h SIGNATURE	7	view ine bady	aiter aeath		DEGREE	220	DATE SIGNED
		Sir	1			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4-21-
	22d. PHYSICIAN'S N	AME (TYPE OF	Y- (SIRG	15	Bultin	1	Haspite
	BURIAL, CREMATION.	PEMOVAL	23b. DATE	23,	VAME OF C	EMETERY OR CREMATORY	23d LOCATION	//
	(SPECIFY)	KEMOVAL	ZJB. DATE	230.7	TOTAL OF C	EMETERT OR CREMATORY		CPATE
	Burial		4-23-	1987 La	ke Vi	ew Memorial Pa	ark Eldersburg Cari	roll MD
F			4-23-	1987 La	ke Vi	ew Memorial Pa	ark Eldersburg Cari	roll MD

DHMH - 16 60M 7/ (VRA 15, 4)

TO FUNERAL DIRECTOR, After this centricate should be detached for one or the burillational with the Store Dept. of Health and Mantal Hygie.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE I. DECEASED NAME 20. DATE KNOWN YEAR 26 HOUR OF ESTI-(TYPE OR PRINT) MARC DAVID LEVINE 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS SEX DATE BIRTHDAY) PRONOUNCED JAN. 20, 1953 MALE WHITE DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? NEVER MARRIED BALTIMORE COUNTY MARYLAND USA DIVORCED WIDOWED 120 USUAL OCCUPATION (TYPE OF WORK D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17h. KIND OF BUSINESS ROSEWOOD TRAINING SCHOOL STUDENT SCHOOL OWINGS MILLS SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 7203 CAMPFIELD RD. MARYLAND 21207 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME HERONDORF LEVINE MORRIS ALYCE 7. INFORMANT MR. MORRISADDRESSINE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I HE YES. GIVE WAR OR DATES! 7203 CAMPFIELD RD. 215-76-9771 BALTO., MD 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III FICATE, WRITHING TO THE CITIES OF BUILDING OF BUILDING STATE OF HEALTH ATHE STATE DEPARTMENT OF HEALTH ATHE STATE DEPARTMENT OF HEALTH ATHER STATE DEPARTMENT OF BURIAL, CREWN CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THE WORD ...
THE CL. YES [] 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR ING IT

UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME WHILE

STREET, FACTORY, FARM, ETC.) WHILE AT WORK 22a. I certify that I took charge of the remains described obove, held an

LEVINSON

Natural couses

Inspection X Homicide Undetermined manner

CITY OR TOWN

TITLE (SPECIFY) D-Ph ITTY

Accident

MEDICAL EXAMINER

STATE

COUNTY

230 BURIAL, CREMATION, REMOVAL 23b. DATE

THE NAME OF CEMETERY OR CREMATORY APR.10,1987 BALTIMORE HEBREW

BROS.INC.

Suicide

23d LOCATION BALTIMORE

MARYLAND

DHMH-17

TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3' AFTER DEATH, WITH THE STATE DE BAILTIMORE, MARYLAND, 21201 P

BP

(VR A15 ME (5)) 15M 2/80

BURIAL

death resulted from:

EXAMINER'S NAME (TYPE OR PRINT)

BALTO., MD

21215

211 LOCATION

STREET

05062

Wall

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon populate with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

DHMH - 16 50M 4/B3

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the haspital or attending physician.

STATE OF MARYLAND

I. DE	REGISTRAR	MIDDLE	CERTIFICATE OF DEATS	REG. NO	
	CEASED NAME FIRST HARRY	MIDDLE	LEVY	AP.	1 20 110 010
3. SE:		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
	MALE	WHITE	2 12 12	75	YRS.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
	MARYLAND	USA	WIDOWED DIVORCED	BALTI	MORE LEY
10 C	BALTIMORE, UD.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 514 GWYNNY)	ALE RD 2/208	120 USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF WORK FOR MOST OF THE CONTROL OF THE CONT	
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR MARYLAND BALT	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13. CITY OR TOW FIMORE PIKESVIL		13e STREET ADDRESS / 514 6u	ZIP CODE DYNAMALE RD. 211
14. FA	NATHAN	MIDDLE LAST	15. MOTHER'S MAIDEN NO	AME	SILVERMAI
16a V		RMED FORCES? 166 SOCIAL SECU	URITY NO. 17. INFORMANT	ADDRE	2/3
	YES W	WI 220073	0084 DHIRLEY L	EVY 5/4	CJWYNWVALL K
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b), on	nd (c+,)		BETWEEN ONSET AND DE
		TE CAUSE (0) PNEVMON	VIA		Several day
	Conditions, if any, which gave rise to immediate)	e Heart Facture, VI	REMIA.	years.
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		100
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TER/	minal disease or con	DITION GIVEN IN PART 110
10N					and if MEC IMPER CHIEF LOCALIDA
TIFICATIO	19a. DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
CERTIFICAT	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	216. TIME OF INJURY HOUR A.M. MONTH D.	21c. HOW INJURY OCCUI	YES NO	YES NO
MEDICAL CERTIFICATIO	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	216. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 19 216 HOW INJURY OCCUP	YES NO	W CERTIFYING CAUSES OF DEATH YES NO
CERTIFICAT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE 220.1 Certify that (1) (1445-4657)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 216. HOW INJURY OCCUP 19 216 LOCATION STREET OCTOBER, 19 6 9	YES NO RRED (ENTER NATURE OF INJUI	WN COUNTY STA
CERTIFICAT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETIMER, NOTIFY MEDICAL EXAMINE: 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) (this hasp sow the deceased alive as above, Little (did) (did no 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AI HOME. STREET, FACTORY, OFFICE, F	AY YEAR 19 216. HOW INJURY OCCUP 19 216 LOCATION STREET OCTOBER 19 69 77 and that in (my) (correspondent DEGREE ATTENDING	YES NO RRED (ENTER NATURE OF INJUI	WN COUNTY STA
CERTIFICAT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETIMER, NOTIFY MEDICAL EXAMINE: 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) (thus hasp sow the deceased alive or obove, Linwe) (did) (did not 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AI HOME. STREET, FACTORY, OFFICE, F	AY YEAR 19 216. HOW INJURY OCCUP 19 216 LOCATION STREET OCTOBER, 19 69 7 and that in (my) (corresponder DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NO NO NATURE OF INJUING A CITY OR TO NATURE OF INJUING A CITY OF INJUING A CI	WN COUNTY STA
MEDICAL CERTIFICAT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETIMER, NOTIFY MEDICAL EXAMINE: 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) (thus hasp sow the deceased alive or obove, Linwe) (did) (did not 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AI HOME. STREET, FACTORY, OFFICE, F APRIL 7 DE YIEW the body ofter death. DE PRINT, SRECHER, M. D. 1 23b. DATE 23c. 1	AY YEAR 19 216. HOW INJURY OCCUP 19 216 LOCATION STREET OCTOBER, 19 69 7 and that in (my) (corresponder DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NO NO NATURE OF INJUING A CITY OR TO NATURE OF INJUING A CITY OF INJUING A CI	THE CERTIFYING CAUSES OF DEATH YES NO

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		PECISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	RECO.	U	7	6	
41	KEOM .C.	-			

		4	FICATE OF DEATH	RECHA	0.07	J
1. DECEASED NAME	FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	Zb. HOUR
	EDWARD		LLOYD		4 22	873:20F
3. SEX	4 RACE		OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS HOURS MIN
MALE	CAUC	· 528	T. 15, 1907	79	YRS.	DATS HOOKS MI
TO BIRTHPLACE (STATE OR FO	Th CITIZEN OF	WHAT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY O	_	
MARYLAND	U-S	. A. WIDOW		BALTIMOR	RE COUNT	Υ ,
10. CITY OR TOWN OF DEAT		HOSPITAL, NURSING HOME		120 USUAL OCCUPATI		IND OF BUSINESS O
TOWSON	I GBMC	-6701 STREE ADDRESS H	ARLES ST.	111		DIRACT
	G HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	21234
MARYLAND	BALTIMORS	PARKVILLE	YES NO	11 SK4	LARK C	OURT
14. FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		LAST
CLARSO	S	HOYO	HTIOS	Model	CHU	SLSR
16a. WAS DECEASED EVER II	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE		
00	(IF TES, OTTE WAR ON DATES)	21407 1275	Family	4 RECOR	OS	
18 CAUSE OF DEATH	(Enter only one cause per	r line for (a), (b), and (c)				APPROXIMATE INTERVAL TWEEN ONSET AND DEAT
PART I. DEATH WA	AS CAUSED BY: MMEDIATE CAUSE (a)	CARDIAC F	AILURE			
underlying cause	last. (c)	W				
PART 2. OTHER SIGN	(c) IFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF YES, WERE	FINDINGS USED
PART 2. OTHER SIGN	IFICANT CONDITIONS CO		DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES [FINDINGS USED AUSES OF DEATH? NO
PART 2. OTHER SIGN 19a. DATE OF OPERATI	IFICANT CONDITIONS COOL ON 196 COND RELYING 1216 TIME CONDESS OF DEATH	ITION FOR WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES [FINDINGS USED AUSES OF DEATH? NO
PART 2. OTHER SIGN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDE OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC. 21d. INJURY OCCURRI	IFICANT CONDITIONS COON 196 COND REVING 216. TIME COND HOUR A ALEXAMINER) P. ED 21e. PLACE (AT HOME ST	OF INJURY M. MONTH DAY YEAR	DN WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE IN CERTIFYING C, YES T	FINDINGS USED AUSES OF DEATH? NO ART?)
PART 2. OTHER SIGN TO THE SIGN PART 2. OTHER SIGN TO THE SIGN PART 2. OTHER SIGN TO THE SIG	IFICANT CONDITIONS CON	DE INJURY M. MONTH DAY YEAR M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) The deceased from	211. HOW INJURY OCCURI	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJU CITY OR TO	20b IF YES, WERE IN CERTIFYING C. YES TO THE TRANSPORT OF PROPERTY	FINDINGS USED AUSES OF DEATH? NO ART?) NIY STATE
PART 2. OTHER SIGN PART 2. OTHER SIGN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRI WHILE NOTIFY MAT WORK 22a.I certify that (1) (sow the decease	IFICANT CONDITIONS CON	OF INJURY M. MONTH DAY YEAR M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) The deceased from 19	211. HOW INJURY OCCUR	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJU CITY OR TO	20b IF YES, WERE IN CERTIFYING C. YES TO THE TRANSPORT OF PROPERTY	FINDINGS USED AUSES OF DEATH? NO ART?) NITY STATE
PART 2. OTHER SIGN PART 2. OTHER SIGN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRI WHILE NOTIFY MAT WORK 22a.I certify that (1) (sow the decease	IFICANT CONDITIONS CON	OF INJURY M. MONTH DAY YEAR M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) The deceased from 19	211. HOW INJURY OCCURI	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJU CITY OR 10 , to 10 death occurred an the di	20b IF YES, WERE IN CERTIFYING C. YES RY IN ITEM 18 PART I ORP WN COU	FINDINGS USED AUSES OF DEATH? NO ART?) NITY STATE
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TO FUNERAL DIRECTOR, after this certificate has be should be detached for use as the burial-transit permitted be State Dept. of Health and Mental Hygnere pr

TO HOSPITAL OR

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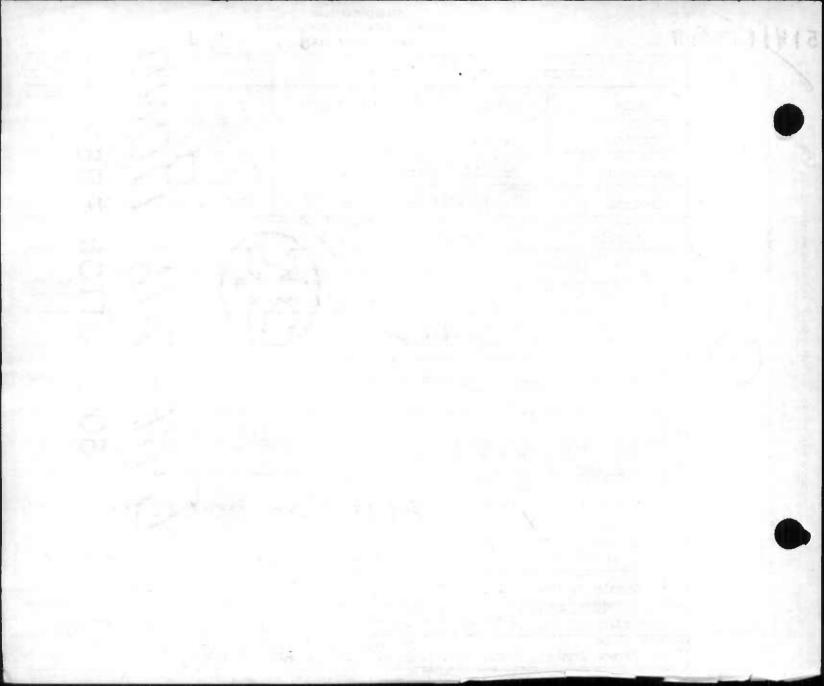
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STATE OF MARYLAND

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APR 24,01	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE I REG. NO.	9 /
	PECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DE	
ode	PHILI	J. •	LORIS	April 10, 1987	8:38
3. S	Male	4 RACE White	July 3, 1910 YEAR		FUNDER 1 YEAR OF UNDER 24 HRS
70 Jan 22 Jan 20	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Land	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore County	
3 Lie A	CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREET Franklin Squ	ng home or other institution Tappress) Are Hospital	120 USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKING LIFE) FOREMAN	126 KIND OF BUSINESS OF INDUSTRY Paint Co.
3 1 Os	UAL RESIDENCE (IF NURSING NOME OR . STATE Maryland			13e SIREET ADDRESS / ZIR CODE	ve. 21206
300	FATHER'S NAME Philip	MIDDLE LOTIS	15. MOTHER'S MAIDEN NA Elizabet		LAST
16a.	WAS DECEASED EVER IN U.S. AR 1YES, NO OR UNKNOWN) JIF YES, GIV	MED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 213-10-8		M. Loris , same	as #13e
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Jetoched Ste Dept. T. If Item	22b. SIGNATURE	'. Ja-10	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 4/13/87
should be deto with the State (IMPORTANT: If	Romulo V. Go		22e ADDRESS	y's Lane . Balto.	Md.
5 3 ≦ 230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY cdens of Faith Ceme	23d LOCATION CITY OF TOWN tery	e, Maryland Maryland
	FUNERAL DIRECTOR	1		TE REC'D. BY REGISTRAR 256. REGISTR	



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LEDECEASED NAME DATE KNOWN 7b HOUR (TYPE OR PRINT) OF ESTI-UNERAL DIRECTOR.
OUR FILES.
WITHIN 72 HOURS DEATH MATED DANIEL 4-28-8719 **GORDON** LOWE 3. SEX 4. RACE 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE PRONOUNCED 24 HOUR LAST BIRTHDAY) Caucasian Dec. 31,1946 Male DEAD 40 4-28-8719 .0A M 76 CITIZEN OF WHAT COUNTRY? 26 BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Washington, D.C. U.S.A. Baltimore County DIVORCED 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Construction Upper Marlboro I-95 nr. 695 - Northlane RETAIN SHOULD IN RECORD | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | YES | No X 5801 Woodyard Road Lot 29 Prince George's Upper Marlboro Maryland A FATHER'S NAME 15. MOTHER'S MAIDEN NAME Daniel LAST FIRST Lowe, Sr. Evelyn Shurtler DINISION OF 17 INFORMANT 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PROGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FO TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES AFTER DEATH, WITH THE STAFT DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALTIMORE, MANY AND 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 219-48-8850 Yes Sandra Lowe Same as 13 a. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Thermal injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH pedestrian struck by auto(s) 21e PLACE OF INJURY 214 INJURY OCCURRED 211. LOCATION howy. WHILE AT WORK CITY OR TOWN STATE 695 Northlane Balto.Co., Md. 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection Accident X death resulted from: Hamicide Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE 4-28-87 SIGNATURE MEDICAL EXAMINER Margarita A. Korell, M.D.ADDRESS EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation April 30,1987 Lee Crematory Clinton, Prince George's. MD BP. 07/B4 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. REGISTRAR 156 REGISTRAR'S SIGNOURE **DHMH - 17** (VR A15 M6633 Old Alexander Ferry Rd., Clinton, MD 20735

STATE OF MARYLAND



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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEASH /

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1. DEC	CEASED NAME	AMES	DOI	RSEY	LUCA		APRII	27,				26. ноur 7 : 05]	
3. SEX	MALE	4	RACE WHITE		5. DATE OF E	BER [°] 8, 1912	6 AGE (IN)	74	THDAY)	IF UNDER	1 YEAR DAYS	HOURS	A HRS MIN.
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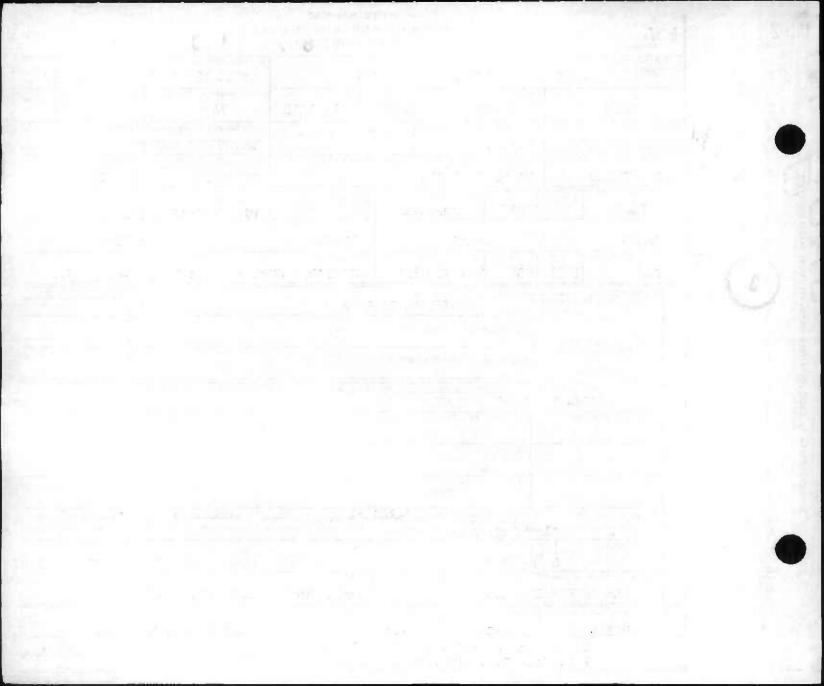
7922 WISE AVE. DUNDALK, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNETAL DIRECTOR: After this certificate has been signed by though a detached far use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol, or

TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or attending physician.

BP



DECEASED NAME FIRSTGLADYS MICOULBOURN 20. DATE KNOWN LAST LUCIANO THIRE CAMENTS ESTI-DEATH MATED 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCED 19 DEAD 6 76. CITIZEN OF WHAT COUNTRY? & BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED DIVORCED BALHIMOTC INAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) SOSEPH Balto HOUSEW SUAL RESIDENCE LIF IN NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS N. 15. MOTHER'S MAIDEN NAME WEDLE LAST J. Clark Coulbourn Isabel 17. INFORMANT 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) No 220-09-6173 18 CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PERMIT BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, VATION, OR REMOVAL. PART I DEATH WAS CAUSED BY ardiorres Sprillation Canditions, if any, which EXAMINER gave rise to immediate cause (a) stating the underlying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EN EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICATE FOREAL DIRECTOR: PAGE 3 SHOULD BE USED AS A FAFER PAGE H, WITH THE STATE DEPARTMENT OF HALITH BANTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREM pirato CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED TO BURIAL. 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE AT WORK 22a I certify that I taak charge of the remains described above, held an death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 4-25-87 Druid Ridge

- STATE REGISTRAR

BP.

DHMH - 17 (VR AT5 ME (5)) 24. FUNERAL DIRECTOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> LAST Olivia Hinton ADDR Balto. Md. 21218 Michael N. Luciano 4000 N. Chas St. Apt 504 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES [] NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and in my apinian 1 Towson MD Pikesville Baltimore

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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S	outh Ca	arolina	USA		WIDOWE		VORCED	BALTIMO	RE CO	UNTY		MD	
2	TOWSON		6701 N	HOSPITAL, NURSIN HFACILITY, GIVE STREET CHARLE	S STR	B.M.C	NOITUTION	120, USUAL OCCUP (TYPE OF WORK FOR MOS			b. KIND C IDUSTRY	OF BUSINESS OR	
USU/	AL RESIDENCE (IF	NURSING HOME OR OTH	HERANSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE C	CZTIANII VTI	13e STREET ADDRES	S / 7ID C/)DE			
	larvland			ISC CITTOR TOW	14	YES	NO X	1305 B	avaro	d St	.21	230	
	THER'S NAME					15 MOTHER	S MAIDEN NAM	ME					
T	srael	MID		Singlet	n	Emma	FIRST	MIDDLE		A]]	en LAS	31	
160 W	VAS DECEASED E		D FORCES?	166 SOCIAL SECU		17 INFORMA		ADI	DRESS				
	YES, NO OR UNKNOWN	(IF YES, GIVE W	AR OR DATES)	215661	130	Mary	Furma	an 1305	Ravai	rd S	+	21230	
		ATHE				inui y	1 01 1/10	1000	Jajai	1		IMATE INTERVAL ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RENAL FAILURE										BETWEEN	ONSET AND DEATH	
-			DUE TO, OI	R AS A CONSEQUE	NCE OF	בידים ממסיבי	רכי דאייי	ERSTITIAL	ME PHR	TTTS			
	Conditions, if	immediate	(b)	GLOPERO	Terr II.	ETHKII.	ro THII	EWITIME	MELIU	.1.10			
1	underlying co		DUE TO, OI	SYSTEMI	NCE OF	מערכו ביו	TTEMANTO	יאדר					
/			(c)										
NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIGET LEFT RETROPERTIONEAL HEMATOMA								o				
CERTIFICATION	19a DATE OF OPE	TION FOR WHICH	OPERATIO						, WERE FINDINGS USED YING CAUSES OF DEATH?				
E	04/13	3/76	Derr	Recroper	TILOMEAT MEMALOMA			YES NO		YES 🗌	CAUSES	NO [
100		UNDERLYING CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c. HOW IN	IJURY OCCURR	ED (ENTER NATURE OF IT	JURY IN ITEM	18 PART 1 C	R PART 2)		
MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY		211 LOCATIO		CITY OF			OUNTY	STATE	
×	WHILE NO	WORK	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM ETC)	STREET		CITYON	IOWN		OUNIT	STATE	
	22a I certify tha	t (I) (this hospital)	attended the		74607	03/26 and that in (my)	19 87	, to	4/27	, 19		that (I) (we) last	
	obove, (I) (w 22b, SIGNATURE	e) (did) (did not) v	iew the body	ofter death.		DEGREE					22c. DATE		
		Kelen	la	fun us		,		MEDICAL S	TAFF SICIAN [41	-7/87	
75		S NAME (TYPE OR PR		-		22e ADDRES						010	
	RICHAL	RD J. GRO	oss , 1	1.D.		GBMC-	6701 N	• CHARLES	STREE	ST, BA	TIO.	, MD . 212	
	SURIAL, CREMATIC	ON, REMOVAL	23b DATE	23c. N	VAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COL	INTY	STATE	
E	Burial		5/2/	87	FAMI	LY CEN	METARY	SUMPTE	R.S.	C .		STATE	
24 Ft	JNERAL DIRECTO			ADDRESS				E REC'D. BY REGISTR			.1	4	
1	Vm . C .	March F	/H 11	01 E.N	orth	Ave.	A	PR 2 8 198	1 5700	a Di	ridor	Randaer	

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT, If hem 21 is morked

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physicion and should be detached for use as the burnal-trainist permit. Then please remove carban papers. Page with the State Dept. of Health and Mental Hygiene prior to burnal cremating, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician

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7 7 12:254

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCIENE

			2mg	11
1	Ω	8	U	da
8	REG. NO.		100	

1	FOR - STATE REGISTRAR		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE PREG.NO.	2			
L.DI	DECEASED NAME (FIRST TYPE OR PRINT)	DYS LU	IIZA	20. DATE OF DEATH MONTH D.	- 100011			
3. SI	SEX Female 18	ace White. S. DATE O. MONTH			FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.			
	country) Md.	(A) WIDOWE		P BALTIMORECITY OR COUNTY	O Baltimore			
	Touson	NAME OF HOSPITAL, NURSING HOME OF HOT IN SUCHEACULAR GIVE STREET ADDRESS)	h dosp.tal.	120 USUAL OCCUPATION" (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKET.	Domestic			
13o. Ma	laryland Balti	er institution, give residence before admissibn) 13c. CITY OR TOWN .more Timonium	YES NO K	13e STREET ADDRESS / ZIP CODE 2122 Folksto	21093 one Road			
3	FATHER'S NAME FIRST MIDD UNKNOWN	Dunlea	15. MOTHER'S MAIDEN NAM FIRST Ida	WIDDLE	Grafton			
/ 16a.	a. WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (IF YES, GIVE WA		Betty Kadow	ADDRESS 2122Folkstone Rd.	Timonium, MD.			
CERTIFICATION		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT 19b. CONDITION FOR WHICH OPERATIO		200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED			
Z E				YES NO YES				
MEDICAL CE		216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		ED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT I OR PART 2)			
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	220. I certify that (I) (this hospital) sow the deceased alive on obove, (I) (we) (did) (did not) for	ev the body ofter death.		eoth occurred on the dote and hour				
	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN TO THE SIGNED 1726. PHYSICIAN'S NAME (TYPE OR PRINT) 1726. ADDRESS							
	22d. PHYSICIAN'S NAME (TYPE OR PRI	NI) EL LA A	PHYSICIAN [14-29-8			
730	22d. PHYSICIAN'S NAME (TYPEORPRI Adel S.	EL-Hennaw	PHYSICIAN [DIRECTOR PHYSICIAN	14-29-8			
	22d. PHYSICIAN'S NAME (TYPEORPRI Adel S.	EL-HENNAW 3b. DATE 23c. NAME OF C	PHYSICIAN [] 77e. ADDRESS W EMETERY OR CREMATORY 111 Cemetery	23d. LOCATION CITY OR TOWN	4-29-8			

DHMH - 16 60M 7/B4 (VRA 15, 4)

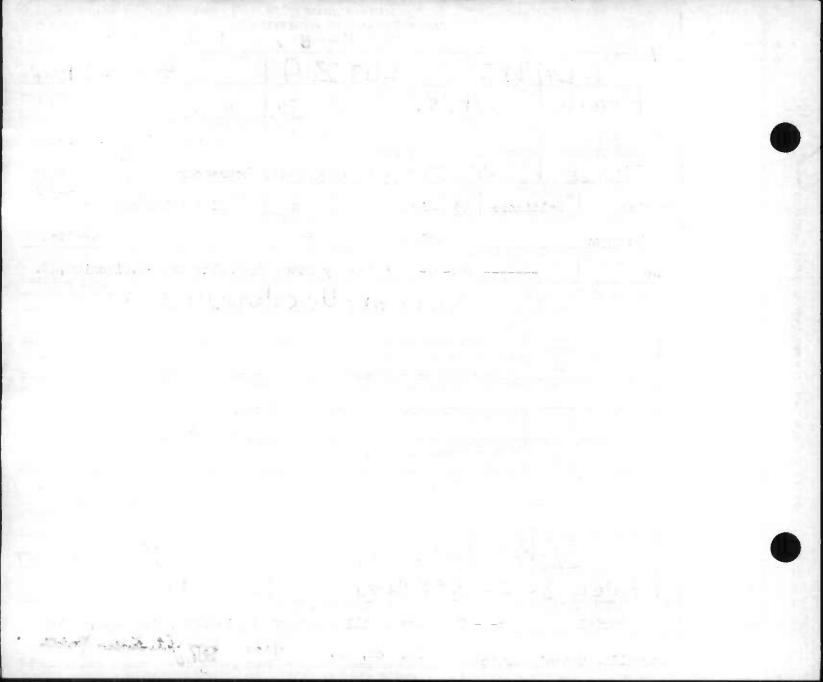
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etained by the haspital or attending physician

BP.

uneral director, page 3

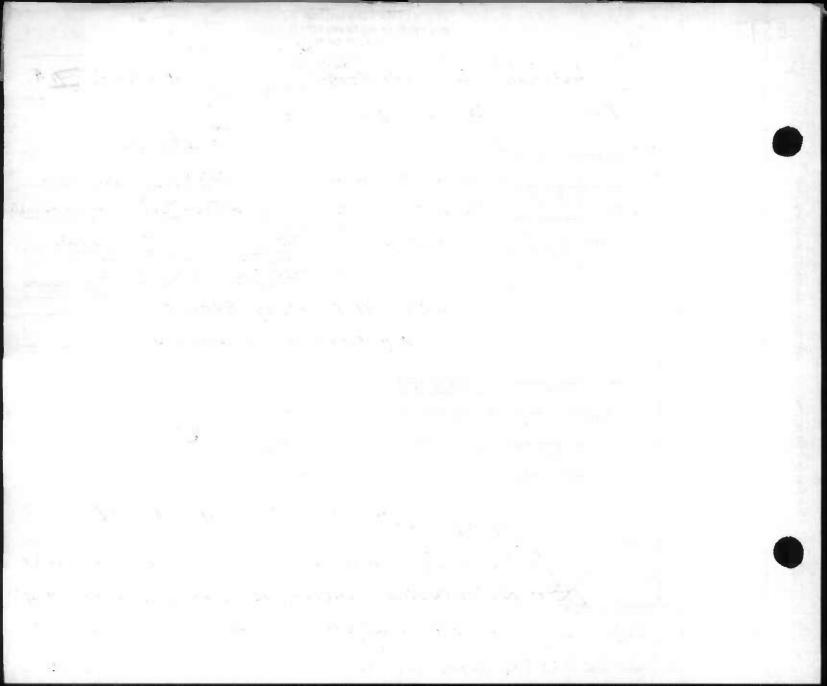
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STATE OF MARYLAND

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1	REC. NO.	9	U	0

1725 A	1	FOR STATE?	DEPAR	TMENT OF H	OF MARYLAND ALTH AND MENTAL HYGI	ENE		
oge 3	I. DE	REGISTRAR CEASED NAME OR PRINT)	MORRIS MIDDLE	-MO	CATE OF DEATH / ST LIJSTMAN REPORTS	20. DATE OF DEATH		EAR 26 HOUR
director, po	1. SE	MALE	4. RACE W HITH	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTI	YRS MONTHS	DAYS HOURS MIN.
death. Po	MA	RTHPLACE (STATE OR FOREIGN EQUINTRY) ARYLAND	76 CITIZEN OF WHAT COUNTRY USA	WIDOWE	DIVORCED [9 BALTIMORE CITY <u>OI</u> BALTIM	COUNTY OF DEA	
ofter of the formal state	R.F	ITY OR TOWN OF DEATH NDALLSTOWN	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE BALTIMORE COL	INTY GE		12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF MANAGER	WORKING LIFE) INDU	ENDING-
	13a.	RYLAND BOOK	PROTHER INSTITUTION, GIVE RESIDENCE BEFO INTY 13c. CITY OR TO BALTIMOE	WN I		13e.STREET ADDRESS / 6930 BROOK	ZIP CODE MILL RD.	APT.D #212
103	D.F.	ATHER'S NAME FIRST GERSHAN		STMAN	15. MOTHER'S MAIDEN NAM	MIDDLE		RICHTER
Pages		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEC 176 WAR OR DATES) 214-20		3601 CLARKS	IRVING ABONS LA. BALTO		. 803 215
been signed by the attending time. Then please remove code prior to bursol, cremation, arrow injury, or ather troumotic.	CATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	DEATH BUT			DITION GIVEN IN PA	INDINGS USED
hos hos	AL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		21c. HOW INJURY OCCURRE	YES NO VE	YES THE TEM TO THE TEM	NO [
ond M	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TOV	YN COUN	TY STATE
OR ATTEN Phospital DIRECTOR Ched for u Dept. of He Hem 21 is		sow the deceased alive a	oital) attended the deceased from 19. ot view the body after death.	87 .an	d that in (my) (aur) apinian di EGREE ATTENDING PHYSICIAN	MEDICAL STAF	226. (that (I) (we) last the causes stated DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL I should be deta with the State I IMPORTANT: IF		22d. PHYSICIAN'S NAME (HIPE	OPPRINT) & R. DEPE:	STRE	120. ADDRESS BALTIMOR		y GENE	PAL HOSI
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	APR.22,1987		METERY OR CREMATORY I ZION	23d LOCATION CITY OF TOWN ROSEDALE	COUNTY	TO. STATE
OHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR SOL		DS., IN	· .	REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIC	SNATURE



ATTENDING PHYSICIAN: The ospitol or offending physician.

retained by the hospital or

BP.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		I.	- 0
- 1	4.1	2	- 1
	REG. NO	D. #	-

11-	FOR STATE REGISTRAR	1			EALTH AND MENTAL HYDICATE OF DEATH	GIENE ! REQ.	0 1.0	44	
	ASED NAME FIRST	MIDDLE		T/	NST .	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1 0,23	Agnes	Α.	M	ac I	ntyre	April 5	1987		9:15A
3. SEX		4 RACE	T	5 DATE O		6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
Fer	male	White	- 3	Augu	st 18 1923	63	YRS.	THS DAYS	HOURS MIN.
70. BIRT	HPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
	ryland	U.S.A.		WIDOWE		Baltimo	re Co.	,	MD.
1	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1770 Weston Avenue							
13a. ST			OR TOWN		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 1770 Weston Ave. 21234			1234
20.	HER'S NAME Charles	Muel	ler		15. MOTHER'S MAIDEN NA Tmeresa	NAIDEN NAME ST MIDDLE LAST			ī
160. W/	AS DECEASED EVER IN U.S. AR	E WAR OR DATES	IAL SECUR		17 INFORMANT	ADDR			
	S, NO OR UNKNOWN) [IF YES, GIV	218	-18-	5080	Walter D.	Mac Inty	re 1770		
	8 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	D RY.	1), (b), and	1 1	rolans	ranul	<u> </u>	BETWEEN	MATE INTERVAL ONSET AND DEATH
NOI	gave rise to immediate cause (o1, stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
CERTIFICATION	9a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO			N WAS PERFORMED			WERE FINDINGS USED (ING CAUSES OF DEATH?	
and the same of	(If EITHER, NOTIFY MEDICAL EXAMINER	TH HOUR A.M. MOI		YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TO PART	T OR PART 2)	
AE	WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR	Y RY, OFFICE, FAR	RM, ETC)	211 LOCATION STREET	CITY OR TO	las.	COUNTY	STATE
	20 I certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did((did no			, on	d that in (my) (aur) opinion	death accurred on the d	ate and haur a	nd from the	that (I) (we) last causes stated
	226. SIGNATURE	Mun	m.	-	ATTENDING PHYSICIAN	MEDICAL STA		4/S	787
	DAU18. S	SHEAR			660 Km	milrealle	le de	1	
{SF	rial, cremation, removal Burial	236. DATE 4/8/87			od Cemetery od Cemetery	2 1811/02		111	Md.
William E. Johnson 8521 Loch Raven B1									Randall

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician. ol director, page 3 2 hours after death

STATE OF MARYLAND DEPA

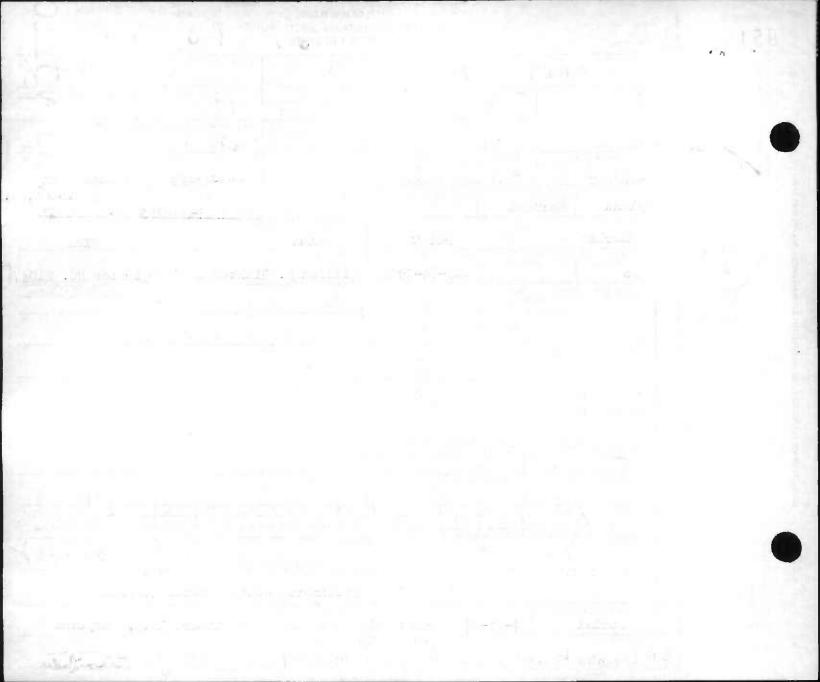
RTMENT	OF	HEAL	HT.	AND	MENTAL	HYGIEN
CEI	RT	FICA	ATE	OF	DEATH	1

1	0	1	0	-
	REG. N	10.		

	1-	FOR STATE REGISTRAR		DEPARTM		ICATE OF DEATH							
		CEASED NAME ARE OR PRINT) MAR	1	MIDDLE .	M	PACK	20. DATE OF DEATH MONT	+ 208	7 2b. HOUR A				
	3 SEX	'F	4. RACE		5. DATE C		<u> </u>	MONTHS DAY					
5	N	RTHPLACE (STATE OR FOREIGN FOR	USA		WIDOWE	The state of the s	BALTIMORE CITY OR CO		MD.				
5	Rr	0. CITY OR TOWN OF DEATH 111. NAME OF HOSPITAL, NURSING (FNOT IN SUCH FACILITY, GIVES INSET A STANDARD OF THE INSTITUTION GIVE RESIDENCE AFFORM				HOSO	of Business or emaking						
3	130. S Ma	SUAL RESIDENCE (IF NURSING MONE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMI 30. STATE 130. COUNTY 13c. CITY OR TOWN Maryland Harford				13d. INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS / ZIP 2008 Anglesi	code Fade. Rd.,	allston, Md. 21047				
1		Charles	MIDDLE	Bolek		IS. MOTHER'S MAIDEN NAMERS I Anna	WIDDLE		ika				
2		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN} (IF YES, GI	RMED FORCES? VE WAR OR DATES)	213-74-4		Lillian M. F	ADDRESS Richter 2008 A	ngleside	Rd. 21047				
		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OF	R AS A CONSEQUE	NCE OF	pulmer midesy the C	y anest read MET oloN	TC -	OXIMATE INTERVAL EN ONSET AND DEATH				
_	CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	(2)	DNH	NIT	NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY? , 20b.	IF YES, WERE FIND CERTIFYING CAUSE YES	DINGS USED				
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA M.	Y YEAR		RED (ENTER NATURE OF IN)URY IN ITI	èm 18 PART I OR PART 2)				
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE				
		220. I certify that (II) (this hasp saw the deceased alive ar above, (I) (we) (dld) (did no	041	10 19			death accurred an the date an						
		22b. SIGNATURE	m-f			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	00	TE SIGNED 87				
		22d PHYSICIAN'S NAME (TYPE	Wif	POINSE	R		unty General	Hospital					
	(:	Burial, cremation, removal Burial	236. DATE 4-23-	87 Mos	st Hol	emetery or crematory Ly Redeemer	Baltimore C	ity, Mar	yland STATE				
	- 4	F. Lassphw Fun	etal Itan	ne Kin	50 B	enie RL, 250 DATI	PR 2 2 1987	EGISTRAR'S SIGN	ATURE				

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If them 21 is marked as them 18 shows any injury, as ather traumatic event TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physhauld be detached for use as the burial-transit permit. Then please remove carbompal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remov



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ral director, page 3

njury, ar ather traumatic event,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH /

REG. NO.) 0
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H	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HY		NO. 1	Q		
	DECEASED NAME (TYPE OR PRINT) RICHA		MIDDLE		AGER	20 DATE OF DEATH APRIL 2		YEAR	26. HOUR 1:2	25 AI
3	SEX	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST)	BIRTHDAY) IF UP	NDER I YEAR	IF UNDER 2	4 HRS
	MALE	WHITE		JA		66	YRS.	HS DAYS	HOURS	MIN.
70	BIRTHPLACE (STATE OR FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY		DEATH		
+	NEW YORK	USA		WIDOW	_	BALTIMORE	COUNTY			MD.
10	O. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	176 USUAL OCCUPA		26. KIND OF	BUSINES	SOR
4	BALTO.	4719 D	UNCANNON	RD.	(21208)	SALESMAN		RETA	IL	
Y	SUAL RESIDENCE (IF NURSING HOME OF SUBSECTION OF SUBSECTIO	OR OTHER INSTITUTION INTY	136 CITY OR TOW BALTIMOR	N	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 4719 DUNC	ZIP CODE	. (21	208)	
1	FATHER'S NAME FIRST MORRIS	MIDDLE	MAGER		15. MOTHER'S MAIDEN N SADIE			CHIL		
16	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) WWII ARMY	RMED FORCES? IVE WAR OR DATES)	052-16-8		MRS. HELEN		RESS		(212	208)
	couse (a), stating the underlying couse last.	PART 2 OTHER SIGNIFICANT CONDITIONS CON HD COLON NUSL			T NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN I	ERE FINDIN	GS USED	42
						YES NO	YES [NO [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTHY MEDICAL EXAMIN) 21d. INJURY OCCURRED	EATH HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN				
	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR	OWN	COUNTY	STA	ATE.
	AT WORK AT WORK 220 I certify that (I) (***) has sow the deceased alive a above, (I) (***) (did) (did)	n	deceased from	6.	and that in (my) (opinio	, to	date and hour an		hot (I) (==	.,
	274 SIGNATURE	lumilo	ren	w	DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN []	22c. DATE S		
	Hanley M.	Rose	, ms		22e ADDRESS					
2	30 BURIAL, CREMATION REMOVA (SPECIFY) BURIAL	4/26/			CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN REISTER		BALTO.	, MĎ.	
2.		LEVINSON				ATE REC'D. BY REGISTRA			,	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remave a with the State Dept, of Health and Mental Hygiene prior to burial, cremation,

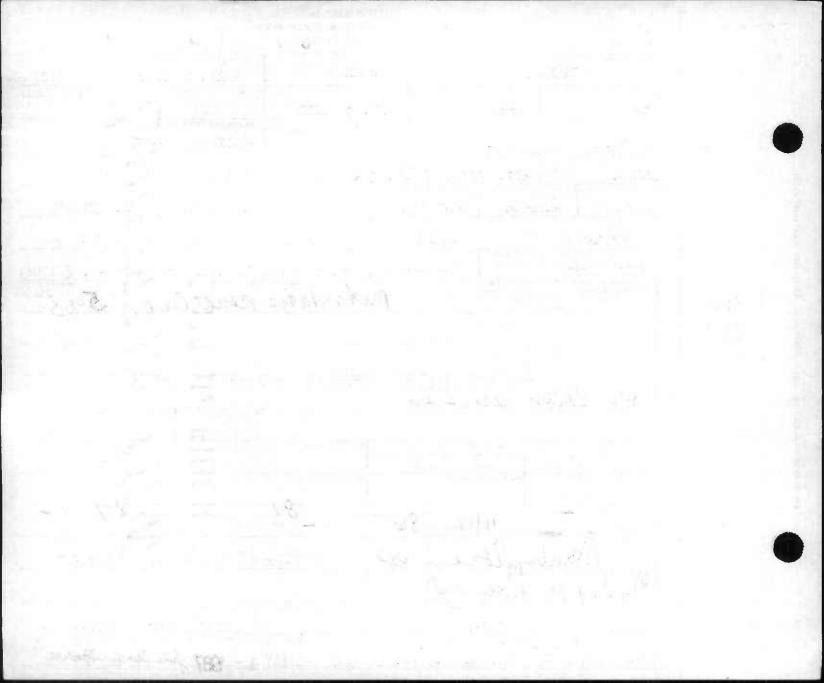
IMPORTANT: If them 21 is marked or

(VRA 15, 4)

BP.

6010 REISTERSTOWN RD. BALTO., MD. (21215)

1987 Julia Davidson-Randam



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 0 100	1 -	STATE REGISTRAR				CERTII	ICATE OF DEATH	REG. N	10.	1	
29 APR	I DE	CEASED NAME	FIRS1		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YE AR 2	h HOUR
. page 3	,,,,,		HOL	V	S.		HONY	April 19,			1130AM
. 0	3. SE			4 RACE	• • •	5. DATE (H DAY YEAR	6. AGE IN YEARS LAST BE	RTHDAY} IF U		HOURS MIN.
O Vince of		Male		Wh			e 24, 1917	9. BALTIMORE CITY	YRS.	DEATH	
22 200		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	MARRIE	DE NEVER MARRIED				
2 2	in C	TY OR TOWN OF DE	ATH			WIDOW NG HOME	DR OTHER INSTITUTION	Baltimo			MD. BUSINESS OR
00		Towson		1 405	Autumn	Leaf	Road	(TYPE OF WORK FOR MOST Manage	OF WORKING LIFE	INDUSTRY	Track
and James Land		AL RESIDENCE (IF NUR STATE	136. COUN		13c. CITY OR TOV	VN	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 1405 Autu	/ ZIP CODE	af Rd.	, 2120
Z was		THER'S NAME FIRST Mortimer		MIDDLE	Mahon	y Sr.	15. MOTHER'S MAIDEN NA Emma	ME MIDDLE		Moon	ey
	160 V	VAS DECEASED EVER			166. SOCIAL SEC		17. INFORMANT	ADD	ESS		
medical		YES, NO OR UNKNOWN)	(IF YES, GIV	/E WAR OR DATES)	218 03	6149	Mrs. Hope	E. Mahor	у,		MD
it, the		18 CAUSE OF DEAT	H (Enter or	nly one cause pe	r line for (o), (b), or	nd (c).1	wa (2)	- CUA		SETWEEN ON	SET AND DEATH
even		PARTI, DEATH V		TE CAUSE (0)		ua	uo to là	2 CUIT		140	
natic				DUE TO, C	OR ASALCOMERON	ENCE OF	ua 4 mos	NA DO		200	20100
troum.		Conditions, if ony gove rise to im	mediote	(b)	40 KG	10/0	un pro	will be		24.	WV2
ather		underlying cous		DUE TO, C	R AS A CONSEQU	ENCE OF	Ð				
or o		PART 2 OTHER SIG	NIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TERA	AINAL DISEASE OR COL	NDITION GIVEN	IN PART 110	
1	N O										
10	CERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		VERE FINDING	
X	TE							YES NO	YES [NO 🗌
em 18		210. ACCIDENT WAS UN	la la		OF INJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	OR PART 2)	
Item	CAL	(IF EITHER NOTIFY MEE	ICAL EXAMINE	R) P	.M.	19					
ō	MEDICAL	21d. INJURY OCCUP			OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
orked		AT WORK AT WE				31	90	T Caret	19	57	
is a		220.1 certify that (he deceased from,	87	nd that in (my) (our) opinion	death accurred on the	date and house		ot (I) (#e) lost
m 21		obove, (۱) (مير)	did (did no	ot) view the body	y ofter deoth.	,	DEGREE	dediti decorred on the t	Total Control of	22c. DATE SI	
		226. SIGNATURE	70.00	3 m	0	L	ATTENIDING	MENCAL ST	AFF	4/2	187
TANT		22d PHYSICIAN'S N	AMF (1YPE)	OR PRINT)	N. L.		PHYSICIAN [OTRECTOR PHYS	CIAN	1/1/19	747
MPORTAN					+- AAD		2 W. Unive	ensity Par	kway	Balto.	. MD
W W	230	BURIAL, CREMATION			itz, MD	NAME OF	CEMETERY OR CREMATORY	123d LOCATION	truy,		,
	250.	Burial	, nemo val	4/23/		oodla		Miami,	c	Flori	da STATE
	24. F	UNERAL DIRECTOR	Jann				25a. DA	TE REC'D. BY REGISTRA			
M 7/B4 4)	10	05 York	Road	Ralt	o., MD	21	212 APR	22 1987	2 Dende	n. Kanda	
	42		Juda		_ , , , , , , ,		4.01	No.	-		

i, in the total in the state of 1117 January 1117 Total Income Manual at Food and Manual Total 23 to 50. To 400 x 14 Futur Esteral, 2120K 219 ce 111 len. Hose e. - krebny, Contraction of the second LUNCH TO CHECK OF UP

1 - STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF BEATH.	

-	00	REGISTRAK				CENTIN	O A	REG. NO		0 0		
9		GEASED NAME	FIRST		AIDDLE	10.0	AST	2a. DATE OF DEATH	MONTH (DAY YEAR	26 HOL	
	(IAbE	OR PRINT)	Sami	101	W .	m	thux		40	JU PI	1105	A
1	1. SEX			I. RACE	17 0	5 DATE C	SE BIDTH	6. AGE (IN YEARS LAST BIR	(MDAY)	IF UNDER I YEA	R IF UNDER	M
1	2.364	in al	. 1	I SI	10	MONTH	AAY YEAR	i /		MONTHS DAYS		MIN.
	1	11100	9	11)	VITE		8 39	4	YRS.			
	7a. BII	RTHPLACE (STAT	E OR FOREIGN 1	b. CITIZEN OF	WHAT COUN	ITRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
1	1º	YVIALL	and	11.5	H	WIDOWE	DO TE LEN MINISTER	Baltimo	ore Co	untv		MD.
7	10. CI	TY OR TOWN OF	DEATH	1. NAME OF H	OSPITAL, N		OR OTHER INSTITUTION	12a. USUAL OCCUPATI			OF BUSIN	
	TA.		1/			STREET ADDRESS)	1/200	(TYPE OF WORK FOR MOST O	F WORKING LIFE	E) INDUSTRY	1	
4		Towson		OT.	7070	420	MUSD	Salesman		Land	scapi	ng
		AL RESIDENCE (IF	13b COUNT		GIVE RESIDENCE		1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE			
2	Ma	aryland	7-7-	-	Balti		YES NO	6104 Bir	chwoo	d Aven	ue 21	214
3		THER'S NAME					15. MOTHER'S MAIDEN NAM		12			
/	1	FIRST	M	IDDLE	LAS		FIRST	MIDDLE			AST	
4		Samuel				tkins	Anna				nkins	3
2		VAS DECEASED E		VAR OR DATES)	166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	SS	21214		
-		Yes		6/3/60	219-	26-3479	Patricia M.	Matkins 61	04 Bi:	rchwoo	d Ave	
		LA CALICE OF D									XIMATE INTE	
1		PART I. DEAT	EATH (Enter only TH WAS CAUSED	BY:	101 101	ol, ond (C).	and bunton	/.	11	BETWEEN	ONSET AND	DEATH
1	>	070	IMMEDIATE	CAUSE (0)	Ball	allan	ay recycles	ma, re	7	M	me	
-		728	7	DUE TO, OR	AS A CONS	SEQUENCE OF		/				
	100	Conditions, if	ony, which	(16)								
	4	gove rise to	immediate)							-	
4			ouse lost.	DUE TO, OR	AS A CONS	SEQUENCE OF						
				(c)								
	z	PART 2 OTHER	SIGNIFICANT CO	ONDITIONS <u>CC</u>	NTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	(0	
	CERTIFICATION					1000						
1	(A)	9a DATE OF OP	ERATION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	30s AUTOPSY?	20b. IF YES	, WERE FIND	INGS USE	D
	Ē							YESTI NOT		YING CAUSE	NO [
	W.	210 ACCIDENT WA	S UNDERLYING	21b. TIME OI	FINJURY		21s. HOW INJURY OCCURR	New York			,,,,	
7	270		CAUSE OF DEAT	11m11m 1 1		H DAY YEAR		the Water Bernard or Later		AKI I OK FAKI 2)		
	5	(IF EITHER NOTIFY	MEDICAL EXAMINER)	P.A	Λ,	19	and the same of th					
	MEDICAL	21d. INJURY OC	CURRED	21e. PLACE C	OF INJURY		711 LOCATION	zuf caro	N76	COUNTY		STATE
	5	WHILE N	OT WHILE	(AT HOME, SIKI	EET, PACTORY, O	PERCE, PARM 1907	1/20	11 . 1				
		-	ot (I) (this hospite	al) assaudad sha	40-0	4/25	4/16	4/24/	1	19	41	- 11 4
			ceosed olive on_	on onended me	deceosed	1/	d that in (my) (our) opinion o	dent and a second			, that (I) (
a		obove, (I) (v	ve) (did) (did not	view the body	ther death.	17 - 0	is and in finish foor t oblinion (death occurred on the do	ne ond nou	r ond from th	e couses st	area
/		276 SIGNATURE	41	in 1			DEGREE	/		27t. DAT	SIGNED	1-
		-11	uevi	1240	ech	- W	ATTENDING PHYSICIAN	MEDICAL STAF		4/	241	8/
		224 PHYSICIAN	S NAME (I'ME CL	PRINT)	11	1	The ADDRESS			- 11	1	
	-	50	TA KI	11/1	he		1205.1	SOV RE				
		Fn	111 11	2009	1/6		1000 9	UNIC FU				
		SURIAL, CREMATI		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY		1.10
		Bu	irial	Apr 27	1987	St. Man	ry's (Govans)	Baltimo	ore	COUNTY	Mary	land
	-										- J	

DHMH - 16 60M 7/B4 (VRA 15, 4)

O FUNERAL DIRECTOR, hould be detached for us with the Stote Dept. of Ne-

Leonard J. Ruck, Inc. Baltimore, Maryland

APR 27 1987 Julia Davidson-Abandane.

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STATE OF MARYLAND

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nay be page 3		FRanc		M			ferty	4-11			M	
frer p	3. SE	X	4. RA			5. DATE C			EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
ge		ema1e		Vhite		2-2	2-1914 YEAR	73		'RS		
4 3 3 3	7a. B	RTHPLACE (STATE OR FOREIGN	75 CI		HAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY OR CO	UNTY OF DEATH		
		alto. MD.		U.S.		WIDOWE	DIVORCED [Ba1	timore (County	MD.	
4 11 00		TY OR TOWN OF DEATH	(1	F NOT IN SUCH F	ACILITY, GIVE STREET	ADDRESS)	ville,MD.	(TYPE OF WOR	occupation k for most of work Maker	ING LIFE) 126. KIND C	OF BUSINESS OR	
120	USU	ngsville, Md.	ME OR OTHER				VIIIE, FID.					
AND 2	13a S	STATE 13b. C	alto.	113	Baltimro	N	13d. Inside City Limits? Yes \(NO \(\overline{\o	13e STREET 5920 D	onachi I	Rd.Apt. 40	01-21239	
	IA FA	THER'S NAME FIRST	WIDDIE		LAST		15. MOTHER'S MAIDEN NA	AME				
w / invo	21	John	MIDDLE		Sullivar	1	REgina		MIDDLE	Gossman	ST	
BALTIMORE, MARYLAND 2 She he control of the contro		VAS DECEASED EVER IN U.:	S. ARMED F ES, GIVE WAR	ORCES? 16	b. SOCIAL SECU 15-34-97		17 INFORMANT	£ 1	ADDRESS 1290	5 Gent Rd		
1 1 17					213-07-8	3868	Leo A. McCaf	lerty J	Reisi	cerscown	AD 7 1 13 0	
BA cathe cathe cape by cathe mr. th		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er anly ane	cause per lin	e far (a ₁ , (b), an	diell	^	est		BETWEEN	MATE INTERVAL ONSET AND DEATH	
ST.		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) CANCO POLYMONOGY I THEST										
PRESTON ST he death cert ne attendings move carting mattan, or set		DUE TO, OR AS A CONSEQUENCE OF										
dec dec		Canditians, if any, which		(b)	-11010	m910	Carcinon	100				
by the		cause (a), stating the underlying cause las	ne 1 n	UE TO, OR A	S A CONSEOU	ENCE OF						
S, 201	7	PART 2 OTHER SIGNIFICA	ANT COND	ITIONS CON	TRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E OR CONDITION	GIVEN IN PART 11	a ·	
ORD requ	2											
DIVISION OF VITAL RECORDS NG PHYSICIAN: The law requir offending physician. After this certificate has been signs the buriol-transit permit. Then the and Mental Hygiene prior to be acked or them 18 shows any injur	CERTIFICATION	19a DATE OF OPERATION		96 CONDITIO	on for which	OPERATIO	N WAS PERFORMED	20a AUTC		IF YES, WERE FIND IF ERTIFYING CAUSES YES []	NGS USED OF DEATH?	
N OF VITAL R SICIAN: The Is an applysicion. certificate has rical-transit per ental Hygiene ental Hygiene flem 18 shows	GER	210 ACCIDENT WAS UNDERLYIN		Ib. TIME OF I			21c. HOW INJURY OCCUR	RED (ENTER NA	7		NO [
SICIAN ng phy certific viral-tra		OR CONTRIBUTING CAUSE (OF DEATH		MONTH DA							
ON HYSIR ding ding lis ce burish or the or the	MEDICAL	21d. INJURY OCCURRED		P.M. le. PLACE OF	INJURY	19	21f. LOCATION					
IVISIG	W	WHILE NOT WHILE T			FACTORY OFFICE, F	ARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE	
A A A A A A A A A A A A A A A A A A A		220.1 certify that (I) (this I	haspital	tended the c	leceased fram_	AU	7057 , 19.86	2_, ta	1701/1	1 19 87	that (I) (we) last	
ATTER pspito eCTOR d for t. of H m 21 i		saw the deceased aliv above, (1) (wg) (did) (d	re an	arr	19	8.7., ar	d that in (my) (aur) apınian	death accurre	d an the date and			
X + X 0 0 0		226 SIGNATURE		The body art	0		DEGREE			22c. DATE	SIGNED/	
by the by the ERAL DI ERAL DI Store De detach		1 Int	N.	OTH	4/2	in	M. P. ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	14/1	2/87	
SPIT ed by UNER d be he Str		220 YSIGIAN'S NAME	TYPE OR PRINT	1	1/200	,0	22e ADDRESS		01		Ballo	
TO HOSPITAL retained by the TO FUNERAL I Should be detained the Store I MAPORTANT. II MAPORTANT.	22- 6	rveil 6	1.	001	000		300 AM	unt.		#200	2/201	
BP	230 E	Burial, CREMATION, REMO		-15-87			leemer Cem.	Ba 1	Timore,M	aryland	STATE	
DHMH - 16 50M 1/81	24 FL	INERAL DIRECTOR					250 QA	TE REC'D. BY R	EGISTRAR 25b	CIGNAT	URE	
(VRA 15, 4)	Jo	hn C. Miller	Inc.	-6415	Belair	Road-	-21206 A	PR15	1987 8	ha Dender	Rudes	

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completely filled in by the funeral director, page 3 s. Land's should be filed with 172 hours after death

nding physician and corbanpapers. Pages

ath certificate be executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT					
CE	RTI	FICAT	TE OF	DEATH	1

		11
9	REG. NO.	

Al Al	1_	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL H		0 _{NO.}	10	
	1. DE	CEASED NAME OR PRINT)	MAR	RY	A. A.	M	McCAULEY	20 DATE OF DEA	4/	4/87	5 0 M
	3. SE	MALE	- 4.	PALCA	OIAN	5. DATE C		6 AGE (IN YEARS L	AST BIRTHDAY) 3 YRS		IF UNDER 24 HRS HOURS MIN.
35	1	RTHPLACE (STATE OR COUNTRY)	nd	U.	S.A	WIDOWE	D DIVORCED	13A1	timone	YOFDEATH Coven	try MD.
		OWSO	n	(IF NOT IN SUC	tolla	Meet ADDRESS)	S OTHER INSTITUTION	120 USUAL OCCI (TYPE OF WORK FOR P Executi	NOST OF WORKING LI	#E) INDUSTRY Hutzl	
o Company	13a. S	AL RESIDENCE (IF NUR STATE STATE	13b. COUNT Baltin	Υ	13c. CITY OR TO	NWC	13d. INSIDE CITY LIMITS?	St.Eliza		alley Rd Hall,Apt	Z1 ZU4
edamine		THER'S NAME FIRST		ernon	McCau	ıley	15 MOTHER'S MAIDEN N	Ell	en	Reag	an
e medicol	0	VAS DECEASED EVER YES, NO OR UNKNOWN]		ED FORCES? WAR OR DATES)	16b. SOCIAL SI 215-09-		J. Mayer W.		.Box 21	484,Balt	208 0.Md.
injury, or other troumatic event, the	NO	Canditions, if any gove rise to im cause (a), state underlying caus PART 2 OTHER SIG	mediate ng the e last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSE	OUENCE OF	NOT RELATED TO THE TE		CONDITION GI	VEN IN PART 1 o	
shows on	CERTIFICATION	190 DATE OF OPERA	196 COND	ITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 201. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES NO YES						GS USED OF DEATH?	
kedar hem 8 sn	MEDICAL CER		CAUSE OF DEATH	P. 21e PLACE	M. MONTH M.	19	DAY YEAR 19 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211. LOCATION				
I. If hem 21 is mor		220.1 certify that (I) (this haspital) attended the deceased from 31 4 , 19 8 , to 4 4 , 19 8 , that (I) (we sow the deceased alive on abave, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF									
IMPORTANT: If hem 21	22- 1	22d PHYSICIAN'S NAME (TYPE OR PRINT) CHRLA A. Alexander 2300 Dylaney Valley Rd. Towson, C									on, md
_	В	BURIAL, CRÉMATION (SPECIFY) SURIAL	, REMOVAL	23b. DATE 4-7-8		Loudor	EMETERY OR CREMATOR Park	23d/LOCATION CITY OR TO Balto	WN	COUNTY	Md.
7/B4		UNERAL DIRECTOR RUCK TOWSO	n Funer	al Hom	e, Inc.	1050 Towsor		PR 7 198	_ / /	Trar'S SIGNATU	RE

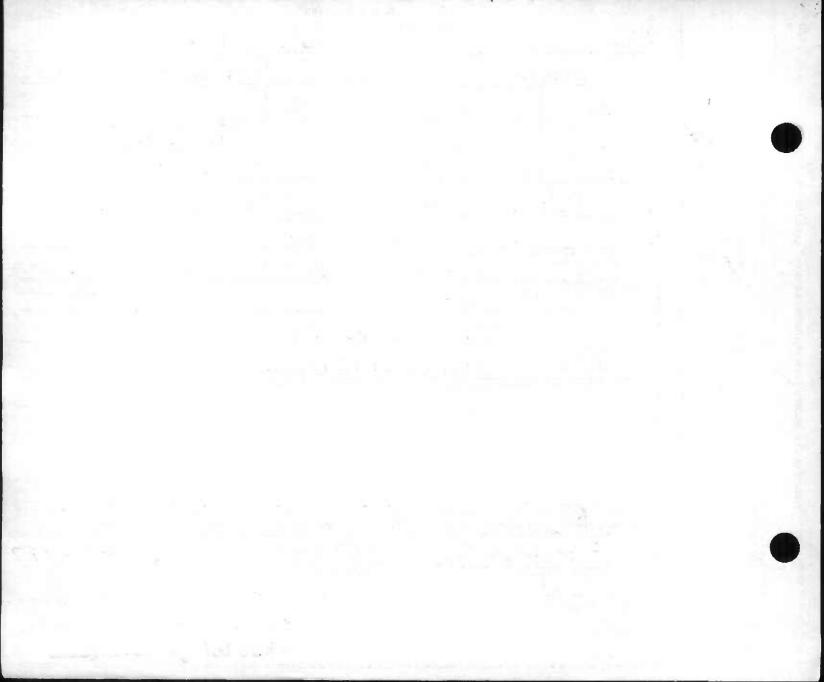
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

should be detached for use as the burial-transit permit. It with the State Dept. of Health and Mental Hygiene prior in

TO HOSPITAL OR ATTENDING PHYSICIAN: The law re-TO FUNERAL DIRECTOR: After this certificate has been retained by the hospital or attending physician.

			13c, 13d, 13e 5/8/87 I.J.	ARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG	IENE	1 1
UU A AM		STATE Film G627,	5/0/0/ 1.0.	CERTIF	ICATE OF DEATH	REG. NO.	
. 84	1. DE	CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oge 4 may be rector, page 3 urs after death		Elizab		MCDO		April 24, 1987	9:55P _M
4 mo	3. SE	(4. RACE	5. DATE (H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
age irecto		/ Female	White		ch 12 1900	87 YRS	
th. P		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
deoi deoi		Vew York TY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, N		DIVORCED	Baltimore Count	
24 hours after death. Page 4 may limited in by the funeral director, paguid be fred within 72 hours after demissible notified aronce.	I	Rossville	Franklin S	quare		(TYPE OF WORK FOR MOST OF WORKING LE Housewife.	12b. KIND OF BUSINESS OR INDUSTRY
	13a. S MC	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN Bal	ITY 13c. CITY OF	TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD 509 Delaware	E Ave. 21221
1 100	14. FA	THER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN NAM	ME MIDDLE	LAST
p 14 14)		John		lehan	Sarah	F	oster
executed within		VAS DECEASED EVER IN U.S. AR (15 YES, GIV	E WAR OR DATES)	SECURITY NO.	Joseph Whe	ADDRESS lehan 509Delay	wareAve.21221
the the	=				TO O O D I		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys npop movent,	н	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	E CAUSE (a) Cardia	c arres	t		
ding arbo or re		WWW.ESW.		SEQUENCE OF			
deat atten		Canditians, if any, which	((b) End st	age care	diac failure		
that the death or d by the attendin lease remove carb ial, cremation, or or other traumatic		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF	rdial infarcti	on	
equires that the death certificate be signed by the attending physicial free please remove carbon papers to burial, cremation, or removal njury, or other traumotic event, the many of the property of the pro	Z	PART 2 OTHER SIGNIFICANT C				INAL DISEASE OR CONDITION GI	VEN IN PART Ita
hos been prior tene tene prior tene tene tene tene tene tene tene ten	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
physicial physic		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	TH HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
HYS caper or H	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211 LOCATION	CITY OR TOWN	COUNTY STATE
offer there have	Σ	AT WORK NOT WHILE AT WORK	(AT HOME, SINCE I, FACTORI, C	April	01 07	Annil 24	07
TTENDIP pital ar TOR: Al for use of Healt 21 is ma		220.1 certify that (1) (this haspi saw the deceased alive on above MOWe) (did) (condition	tal) attended the deceased to APT1	19 87 , a	nd that in (ma) (aur) apinian o	death accurred an the date and ha	19, that M (we) last
hos hos ined ept.		22b. SIGNATURE	i view the body offer death.		DEGREE		22c. DATE SIGNED
PITAL Oby the by the ERAL D State D State D ANT: If		1201	T. blea	1 /0	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	14/24/87
SPIT d by INER I be of Stran		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	V	27e. ADDRESS	/	
TO HOSPITAL (retoined by the TO FUNERAL (should be deto with the State (IMPORTANT: If		Hany Elnaha	1, MD	-18	9000 Frankl	in Square Drive	21237
5 5 5 4 3 ₹1		URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	4/28/87	HolyC	rossCemeter	y Brooklyn	NewYork
DHMH - 16 60M 7/B4	24. FI	JNERAL DIRECTOR	ADD	PRESS	25e. DAT	E REC'D. BY REGISTRAR 256, REGIS	
(VRA 15, 4)	C	onnellyFunera	lHome 300Ma	ce Ave	21221	20 MI Sure D	corder Rudas



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		5
quires that the death certificate be	quires that the death certificate be executed within 24 hours after deoth. Page 4 may be	2
o consistent and and and become	2 معمد المعمدالة المعمدالة ملوسان أموالك بالمعمامية	2
hen please remove carban papers. Po	hen please remove carbon papers. Pages 1 land 2 should be filed within 72 hours after death	C

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

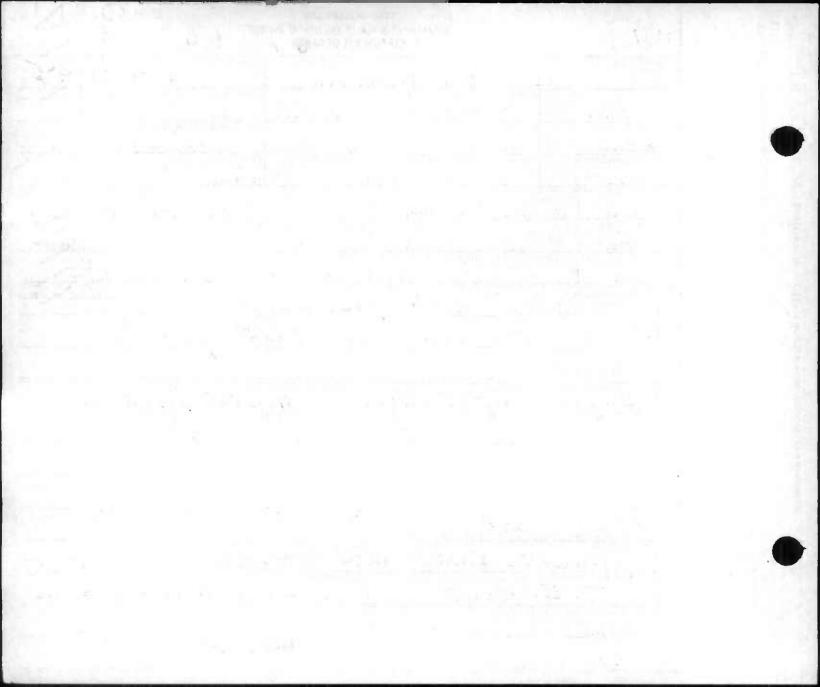
REG. NO.	4	

HA	1:	FOR, STAJE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	I REG NO	1-2
		CEASED NAME FIRS		WIDDLE	N .	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3. SE		RRIE 4. RACE	CECELIA	S. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 H
		FEMALE		WHITE	MONT 1		82 yr	
a K	(RTHPLACE (STATE OR FOREIGH COUNTRY) MARYLAND	76. CITIZEN O	A.	8. MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY OR COUR Baltimore	
over les		TY OR TOWN OF DEATH	(IF NOT IN S	UCH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS
So S	USU	Catonsville AL RESIDENCE (IF NURSING HO STATE 1136. C			ADMISSION)		Homemaker .	
1			altimore	Lansdow		YES NO T	13e.STREET ADDRESS / ZIP CO 2904 Charlest	on Avenue 2122
	14. FA	THER'S NAME FIRST John	MIDDLE T.	LAST		15. MOTHER'S MAIDEN NA	WE	LAST
10000		VAS DECEASED EVER IN U.S	. ARMED FORCES	Huston P 166 SOCIAL SECU		Maude 17 INFORMANT	ADDRESS	Nichol
medico	()	VES. NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	218-03-	2762	Father Walte	er J. McGovern	21133 9533 Liberty R
1 th		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse p		d-rc ·	1 2 3 3 1 2 1 3 2		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
e any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICA 190. DATE OF OPERATION	2000	Therno	ato-	NOT RELATED TO THE TERM	IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
5		270. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O	F DEATH HOUR		AY YEAR	21c. HOW INJURY OCCUR	YES NO PROPERTY IN ITEM	YES NO I
sed or he	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA 214 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLAC	P.M. E OF INJURY STREET, FACTORY, OFFICE, F.	ARM, ETC)	711 LOCATION STREET	CITY OR TOWN	COUNTY STATE
em 21 is mor		22a. I certify that (I) (this I saw the deceased alivabove, (I) (we) (did) (d 22b. SIGN ATURE				nd that in (my) (our) opinion	deoth occurred on the date and l	19 that (I) (we) hour and from the couses stated
±		22d PHYSICIAN'S NAME (A E	Forme	N	ATTENDING PHYSICIAN C	MEDICAL STAFF DIRECTOR PHYSICIAN	4-/30/8
MPORTANT		J	E. Ro	WE		Sum	net Nuns	ing Home
	23a. B	SPECIFY) Durial				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	TANK DOCUMENT
7/84	24. FU	Burial JNERAL DIRECTOR	5/2/			ridge Mem. Pk. 21229 24 PAN	Elkridge Ho	ward Md. GISTRAR'S SIGNATURE
//04	Hu	ubbard Funeal	Home, In	c. 4107 W			130/	Der Ange Produce

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN; The retained by the haspital or attending physician.

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director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

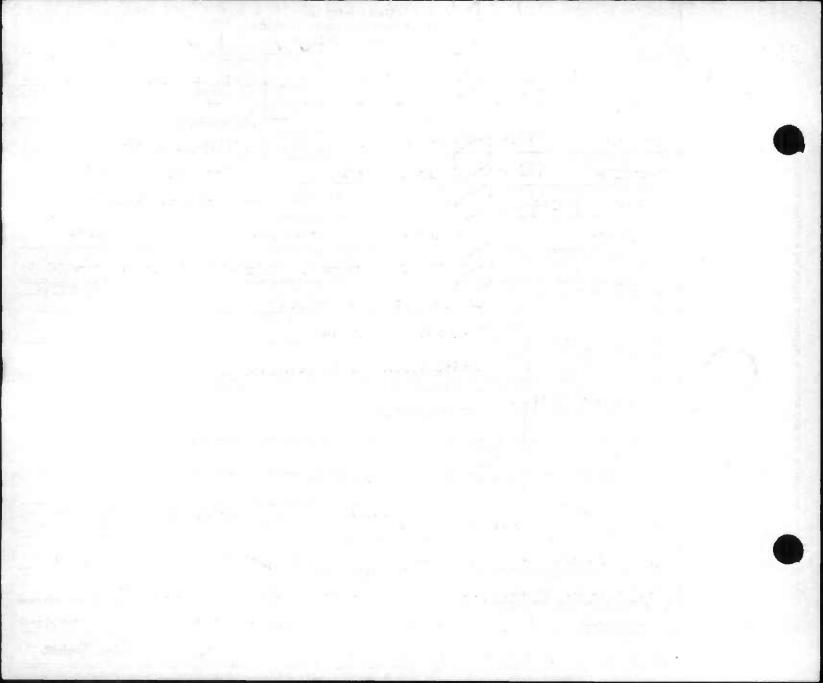
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- 8	REO NO.	

1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY	GIENE 1 REQ	NO.	1 3	
	CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	Ruth	Laverne		Mc	Manus	April 26.	1987		11:00A M
3. SE	Х	4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST I		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	White	9	July	23, DAY 1915	71	YRS	MONTHS DAYS	HOURS MIN.
70.B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER WARRIED D	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
M	aryland	United	States	WIDOWE	D NEVER MARRIED	Baltimor	e Cour	ntv	MD.
	OSSVILLE	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hos				120 USUAL OCCUPA (TYPE OF WORK FOR MOS) Office C	TION	12b. KIND (of BUSINESS OR
	al residence (if nursing home state 136 col				134 INSIDE CITY LIMITS?	130 STREET ADDRESS			
14. FA	Charles	WIDDIE	Thomps	on	15. MOTHER'S MAIDEN NA Elizabe			Lev	vis
	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECU		17 INFORMANT	ADD	RESS		
(YES NO OR UNKNOWN) (IF YES, (GIVE WAR OR DATES)	216-18-1	317	Nancy R. D'A	Ambrogi 123	9 Dean	wood Ro	pad/21234
	18 CAUSE OF DEATH (Enter-PART I. DEATH WAS CAUSED IMMEDIAL Conditions, if any, which gave rise to immediate cause (a), stotning the underlying cause lost.	DUE TO, O	Myocarda R as a conseque	TCE PE	ory Arrest arction Cholelithias	sic			XIMATE INTERVAL ONSET AND DEATH
NOI	PART 2. OTHER SIGNIFICANT Diabetes Mel	CONDITIONS CO					NDITION GIV	VEN IN PART 1	(0)
CERTIFICATION	19a DATE OF OPERATION	19b, COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO 【X	IN CERTI	S, WERE FINDI FYING CAUSES ES	NGS USED S OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF IN.	IURY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	22a. certify that () (this has sow the deceased alive (aboye. (1) we) (did) (did)	pital) attended the April	e deceased from	Apri 87。	nd that in (mu) (aur) opinion	death occurred on the	date and hou		that (we) lost causes stoted
	22b. SIGNATURE	a. 1	Souhr	2	DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN []		26-87
	James A. Do		.D.		220 ADDRESS 9000 Frankl	in Square I	Orive.	21237	
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23€. №	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION			CTATE
	Cremation	April	27,1987 G	reen	Mount Cremato		ore,	COUNTY	Maryland
24. FI	UNERAL DIRECTOR		ADDRESS		25e. DA	TE REC'D. BY REGISTRA			TURE
Wa	lter Brooks Br	adley, I	nc. Dunda	lk,Md	. 21222 AF	R 27 1987	HUROL	lavidson-1	andell

DHMH - 16 60M 7/84 (VRA 15, 4)

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to FUNERAL DIRECTOR should be detached for use with the State Dept. of Hea MPORTANT: If Nem 21 is



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2113 MAY	1 -	Film G626 item 6 FOR STATE REGISTRAR per F.H.			ENT OF H	OF MARYLAND EALTH AND MENTAI ICATE OF DEATH		NE O	0.	
: 11K		CEASED NAME FIRST OR PRINT) Marie C	Cecelia McNulty				2		MONTH DAY YEA 27 1987	R 2b HOUR
ecto	3. SE	krale	A RACE Caucasian 7b. CITIZEN OF WHAT COUNTRY? TT C A MARRIEL MARRIEL		DF BIRTH 1893 List 7-1918- YEAR		AGE (IN YEARS LAST BIR	THDAY) IF UNDER LY MONTHS DA		
merol dir		RTHPLACE (STATE OR FOREIGN			MARRIEE WIDOWE	DIVORCED		Baltimore (OR COUNTY OF DEATH	MD.
by the fulled with	R	TY OR TOWN OF DEATH andallstown	11. NăMĚ OF HOSPITAL, JENOTJASUCH FACILITY, G M eridian Nur	sing H	ODRESS)	LEJ LO		Sales Clerk		D OF BUSINESS OR
filled in hoyfd be	130 N	AL RESIDENCE (IF NURSING HOME OR TATE BALCOUN BALCOUN BALCOUN	other institution, give residen ITY ITORE 13c. CITY (R TOWN KOALE	DMISSION)	13d. INSIDE CITY LIME YES NO	ITS? 1:	3523 Milfo	rd Mill Road	21207
ompletely second		THER'S NAME Tames W. McCloskey S	NIDOLE I	AST		15. MOTHER'S MAIDE Virginia	Tee 1	Jest eze		LAST
icion ond co	160 V	VAS DECEASED EVER IN U.S. ARI (IF YES, GIV	and the same of th	AL SECURI 2-09-9		17. IN MISSOFT AT 3523 Mill			ess Baltimore	21207 Maryland
rearies that the death cert en igned by the attending I Then please remove carbon or to bural, cremotion, or rer	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C		NSEOUEN	TE SE		itt			
The low	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR	WHICH O	PERATION			200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	SES OF DEATH?
PADING PHYSICIAN, of or otherding physical physical physician or the burial from the author of Mantal Fry is marked at Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospit	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY 21ol) ottended the deceosed	, OFFICE, FAR	19 RM, ETC.)	211 LOCATION STREET	83	CITY OR 10	2 19 8	STATE Z. that (I) (we) lost
O HOSPITAL OR ATTI named by the hospital O FLINERAL DIRECTIC looks be denoted for the State Dopt of GORTANT, if then 21		sow the deceosed olive on obove, (I) (we) (did) (did not 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE O TAHOORA	Law of the body ofter deot	f2 JA	-	DEGREE ATTENDIN PHYSICI. 22e. ADDRESS	ING L	MEDICAL STAI		
BP	B	URIAL, CREMATION, REMOVAL	23b. DATE 4/30/87	N	sw Cat	METERY OR CREMATI hedral	ORY	23d LOCATION CITY OF TOWN Baltimore	COUNTY	Maryland
DHMH - 16 60M 7/B4 (VRA 15, 4)		728 Liberty Road Ra	Byers Funeral Indallstown, Mañ	Direct yland	21133	Inc. 25	APR	28 1987	25b. REGISTRAR'S SIGI Julia Dicritor	

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH /

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						5. NO.		
	CEASED NAME FIRST	WIOOLE	LAS		20 DATE OF DEAT	н момтн	DAY YEAR	2b. HOUR
	Lorett	a m.	mec	h	4/2/	37		6:00
3. SE		4 RACE	5. DATE OF	РЮТН	6. AGE (IN YEARS LA	T SIRTHOAY)	IF UNDER 1 YEAR	
F	-emale	White	DEC.	17, 1919	67	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
I	MARYLAND	U.S.A.	WIDOWED	DIVORCED [Barto.	COUR	ity	MI
-	TOWGON	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH EXCITITY, GIVE STREET	HOSA	other institution	120. USUAL OCCU (TYPE OF WORK FOR MI SALESPE	OST OF WORKING L	(FE) INDUSTRY	of business or THING
130. 3	Ma. Ba	other institution, give residence before 13c. CITY OR TOW 21204	VN 1:	BIL INSIDE CITY LIMITS?	90407 P	SS/ZIPCOD		ung Rd
14 FA	JOSEPH	STRUZIN		JÜLIA	MIDD		DOBRY	Wolski
	WAS DECEASED EVER IN U.S. AR. (14 YES, GIV NO	MED FORCES? 166. SOCIAL SECULAR SECULA		Leroy R. 1		TOWSON	I, MD	21204
	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), or	nd (c)				APPRO	NIMATE INTERVAL
NO NO		CONDITIONS CONTRIBUTING TO			200 AUTOPSY?		S, WERE FIND	
. ✓	190 DATE OF OPERATION					IN CERTI	FYING CAUSE	S OF DEATHS
TIFICA	190 DATE OF OPERATION				YES NO	Y	ES 🗌	NO [
DICAL CERTIFICATION	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA] 216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 19	TIL LOCATION			PART I OR PART 2)	NO [
MEDICAL CERTIFICAT	2] (II. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH D) P.M.	PAY YEAR		JRRED (ENTER NATURE OF			
1	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (I) (this hospit sow the deceased glive on	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 101) attended the deceosed fram	PAY YEAR 19 FARM, ETC)	II LOCATION	CITY C	INJURY IN ITEM 18	COUNTY	NO STATE
1	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK 27a.1 certify that (I) (this hospi	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 101) attended the deceosed fram	AY YEAR 19 FARM, ETC)	II LOCATION STREET	JRRED (ENTER NATURE OF	INJURY IN ITEM 18 OR TOWN e date and have	COUNTY 19	NO STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FLIMERAL DIRECTOR: After this certificate has been signed by the attending in the business or the business permit. Then please remove corbent the state Dept. of Health and Mental Hygiene prior to businf, cremation, or

TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

retained by the haspital ar attending physician

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low

offending physician

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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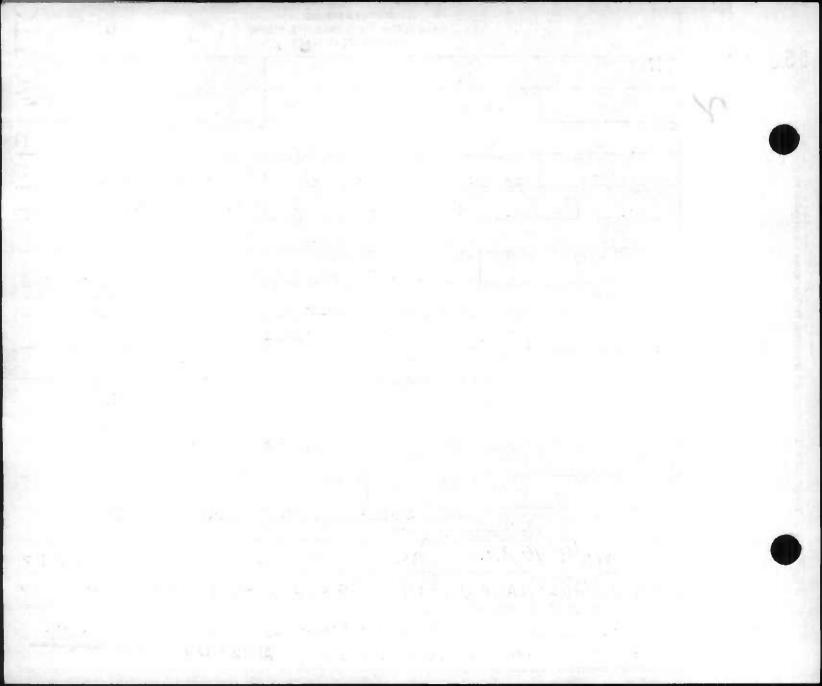
REGISTRAR				CERTII	FICATE OF DEATH /	3	REG.	NO.			
I. DECEASED NAME	FIRST		MIDDLE		LAST	2a. DATE OI			DAY YE	AR	2b. HOUR
LIVPE OR PRINT!	Henry		F.	ME	ISE	April	17,	1987			9:15P ,
Male		4 RACE Wh:	ite	S. DATE (of Birth h 8 PAY 1917	6 AGE (IN)	EARS LAST E	SIRTHDAY)		YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.
BIRTHPLACE (STA	ITE OR FOREIGN		WHAT COUNTRY?	1	DEVER MARRIED				TY OF DEAT	ГН	
Md.	FDEATH				ED DIVORCED DIVORCED DIVORCED	120 USUAL	OCCUPA	TION	126. KI		BUSINESS OR
Rossvil	le		HEACILITY, GIVE STREET Lin Squa		Hospital	Reti			rpent		
USUAL RESIDENCE (1)	F NURSING HOME OR	OTHER INSTITUTION.		ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET	ADDRESS	/ ZIP CO	DE		ad2122
14 FATHER'S NAME				VI VEI	15 MOTHER'S MAIDEN N		בע ב	I G I	TAGE	1(0	auzizz
Willia		WIDDLE	Meise		Mary		WIDDLE		Mend	der	
160 WAS DECEASED		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADD				
no			217-01-	-4182	Norma Mei	se 103	312B	irdR			
18. CAUSE OF I	DEATH (Enter or	ly one couse per	line for (a), (b), on	d (ç+,)					BETY	PPROXIM	NATE INTERVAL NSET AND DEATH
PART I. DEA	IMMEDIA1	E CAUSE (0) R	espirato	ry	arrest						
PART 2 OTHER	SIGNIFICANT ((c)	DNTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	e or co	NOITION G	even in pa	RT 110	e
Left s	PERATION	196. COND	TION FOR WHICH	OPERATIC	ON WAS PERFORMED	200 AUTO	PSY?	IN CERT	ES, WERE F. FIFYING CAI YES []	IND INC	GS USED OF DEATH?
	AS UNDERLYING COME CAUSE OF DEA		M. MONTH DA	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NA		IURY IN ITEM 18	B PART I OR PAI	RT 2}	- Aud
(IF EITHER, NOTIF	CURRED	21e PLACE	OF INJURY EET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET		CITY OR I	OWN	COUN	14	STATE
sow the di	ot (1) (this hospi ecgased olive on we) (digl) (did no	April 1	e_deceased_from_ 719 after_death	.07	.1 , 19.37 nd that in (my) (our) opinion	to Api		dote and h	. 19 <mark>87</mark> our and fran		hot (I) (we) lost ouses stated
226. SIGN	facture	man	· Sh	~	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	ST.	AFF ICIAN []	220 0	4-	17-87
22d. PHYSICIAN	PAGL	NAUA	N, Ri	0	8552	PHILI	4.	RD). , P	AL	10-3
230 BURIAL, CREMAT		23b. DATE			EMETERY OR CREMATORY	23d. LOCA			COUNTY		STATE
Buri 24 FUNERAL DIRECTO		4/21	/87 H	ollyl	HillCemeter				Balt		
Connelly		lHome	300Mare	Ave.	21221	APR21	198	ZSO REGI	SI RARIS SIC	MAIL	IRE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate facility should be detached for use os the buind-tronsit permitty the State Dept. of Health and Mental Hygmin pr

Item 18 show

MPORTANT: If Item 21 is morked or



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DEPARTMENT	OF	HE	ALTH	AND	MENTAL	HY

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R 21- STATE CERTIFICATE OF DEATH / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH / REG. NO.								
Ì		CEASED NAME FIRST DORIS	MIDDLE VIRGINIA		ELSON	20 DATE OF DEATH MOT	H IH &	17 5,21P
	3 SE	Female	4. RACE	5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DA	
L		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8.	D NEVER MARRIED	9. BALTIMORE CITY OR C Baltimore		
8		TOWSON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH COLOTY, GIVE STREET, St. Joseph H	OSP1		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOMEMAKET	ORKING LIFE) INDUST	D OF BUSINESS OR
5	13a. S	Maryland Balt	other institution, give residence before NTY 13c. CITY OR TOW 2123	N	13d. INSIDE CITY LIMITS? YES NO 🖔	13eSTREET ADDRESS / ZI 1440 Dartm	PCODE 10uth Av	e. 21234
2		Elmer Llo	1		15. MOTHER'S MAIDEN NAM	WIDDIE	McK	ee
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO ———	MED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 215-40-		Ralph W. Ne	address elson 8208	Harris .	Ave.21234
		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), one DBY: TE CAUSE (a) DUE TO, OR AS A CONSEQUE	pul	monary	avest	APPI BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b) DUE TO, OR AS A CONSEQUE	10a	Ca of	Turansue	us C	olon.
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	inal disease or conditi	ION GIVEN IN PART	T Iro
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20 IN	DIL IF YES, WERE FIN N CERTIFYING CAUS YES [IDINGS USED SES OF DEATH?
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM T8 PART I OR PART	2)
	MEDI	21d INJURY OCCURRED WHILE ON THE OF T	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, F.	ARM, ETC)	21f LOCATION / STREET	CITY OR TOWN	COUNTY	STATE
į		sow the deceased alive on above, (1) (we) (did) (did no	ital) attended the deceased from		, 19	death occurred on the date t		
		22d PHYSICIAN'S NAME CTYPE OF	lo Romero	MEDICAL STAFF DIRECTOR PHYSICIAN	/ /	+/14/87		
		ERLANDO	ROMER	0	22e. ADDRESS	gosepl	1 16	3p.
	f	BURIAL CREMATION, REMOVAL BURIAL			EMETERY OR CREMATORY MORE NATIONA	AL BALTIMO	RE, MAR	YLAND
		JNERAL DIRECTOR LLIAM E. JOH	NSON 8521 LOCH	RAV	EN BLVD	PR 1 6 1987	REGISTRAR'S SIGN	

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other it

The state of the s

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1 6	⇒REGISTRAR					ICAIL OIL	•	REG	, NO.		200		
DEC (TYPE	CEASED NAME OR PRINT) H	lenry	۸	G.		redith		20 DATE OF DEAT	4 MONTH	22 ^{DAY}	1987	2b. HOU 2:0	
. SEX	Male		4 RACE Whi	te	S. DATE C		1908	6 AGE (IN YEARS LAS	YR	MONT S.		HOURS I	24 HR
a. BIF	RIHPLACE (STATE OR OUNTMATTYLAN	foreign d	U.S.		WIDOWE		VORCED [Baltimore Cit Baltimor			DEATH		
С	ockeysvil	le	1439 I	HOSPITAL, NURSIN HEACILITY, GIVE STREET VY HILL I	Rd.	OR OTHER INS	TITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MC Contract	ST OF WORKIN		126. KIND C INDUSTRY Elec		
3a. S M	AL RESIDENCE (F NUR TATE [aryland	13b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Cockeys	N.	13d INSIDE C	X ON	13e.STREET ADDRE					
	THER'S NAME Henry		MIDDLE	Meredit		A	gnes	MIDDI		B	irmin	gham	
	(AS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES?	212-01-1		Georg		lith 5 Dun	kirk	Rd.			
	18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSE	ly one couse per D BY: E CAUSE (0)	line for (a), (b), an	orde	re ar	sheeth	mis			MIN (MATE INTER	DE A
	Conditions, if ony gove rise to im couse (o1), stati	mediate ng the	(b)	R AS A CONSEQUE		Bratec 1	Heart	Deser		-			
CALICIA	gove rise to im couse (a), stati underlying couse	mediate ng the e last.	DUE TO, OF	R AS A CONSEQUE	DEATH BUT	NOT RELATED) TO THE TERM	INAL DISEASE OR C	20b. IF	YES, W	IN PART 100 ERE FINDING CAUSES	IGS USE) H?
ERIFICATION	gove rise to im couse (o1, stoti underlying couse) PART 2 OTHER SIG	mediate ng the e last. :NIFICANT C	DUE TO, OF	R AS A CONSEQUE	DEATH BUT	NOT RELATED	O TO THE TERM	INAL DISEASE OR C	20b. IF IN CEI	YES, WI	ERE FINDIN G CAUSES	IGS USE	H?
	gove rise to im couse (0), stoti underlying couse PART 2 OTHER SIG	mediate ng the e lost. INIFICANT C ATION ADERITYING CAUSE OF DEA	DUE TO, OF	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M.	DEATH BUT	NOT RELATED N WAS PERFO	D TO THE TERM DRMED JURY OCCURR	IN AL DISEASE OR C	20b. IF IN CEI	YES, WI	ERE FINDIN G CAUSES	IGS USE	H?
	gove rise to im couse (0), stoti underlying couse (1). Stoti underlying couse (1) PART 2 OTHER SIG (1) DATE OF OPERA (1)	Mediate ng the e lost. INIFICANT C ATION ADERITYING CAUSE OF DEA CRED CHIEF CHIEF CHIEF CHIEF CHIEF CHIE	DUE TO, OF (c) 196, CONDITIONS CO 196, CONDITIONS A.I. 196 HOUR A.I. 216 PLACE (AT HOME STR	R AS A CONSEQUE TION FOR WHICH F INJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F	OPERATION AY YEAR 19	NOT RELATED	D TO THE TERM DRMED JURY OCCURR	200 AUTOPSY? YES NO	20b. IF IN CEI	YES, WI RTIFYING YES [ERE FINDIN G CAUSES	IGS USER OF DEAT	H?
MEDICAL CERTIFICATION	gove rise to im couse (0), stoti underlying couse (1). Stoti underlying couse (1) PART 2 OTHER SIG	MEDICAL EXAMINER RED () (this hospi	DUE TO, OF CONDITIONS CO	R AS A CONSEQUE TION FOR WHICH F INJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM, ETC.)	21c. HOW IN 21l. LOCATIK STREET	DITO THE TERM DITO THE TERM DITORNED DITORNED DITORNED DITORNED DITORNED ATTENDING	200 AUTOPSY? YES NO NO CITY OF THE PROPERTY OF	20b. IF IN CE!	YES, WI RTIFYING YES TIB PART I	ERE FINDING CAUSES OR PART 2) COUNTY	NGS USET OF DEAT NO [H?

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carban papers with the State Dept of Health and Mental Hygene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, or other traumatic ev

Mitchell-Wiedefeld

FOR STATE

he funeral director, page 3 within-72 hours ofter death

the funeral director.

executed within 24 hours after death. Page 4 may be

6500 York Rd.

250. DATE REC'D. BY REGISTRAR ASS. REGISTRAR 3 SH

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FOR DEPARTMENT

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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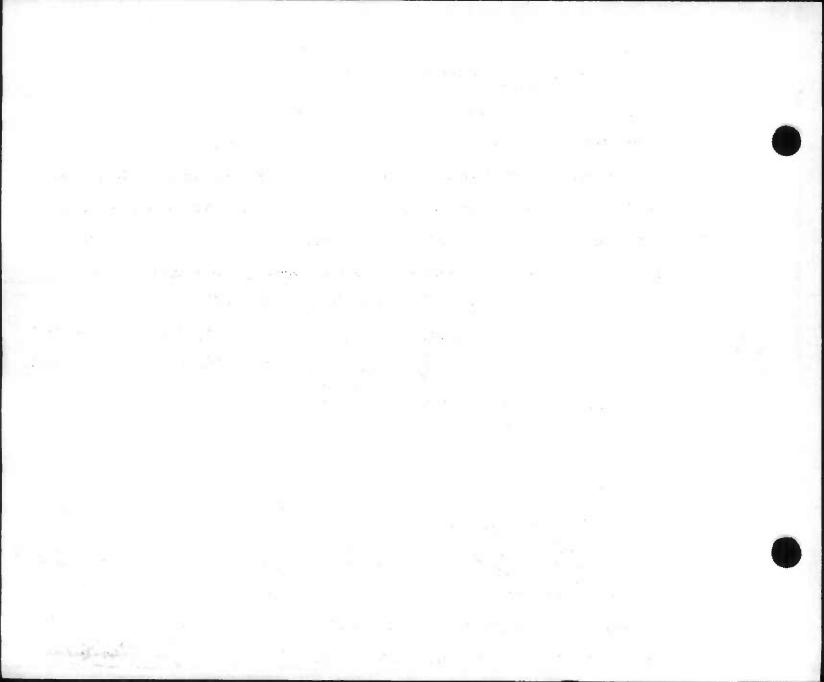
	- N	REGISTRAR				CERTIFI	CATE OF	ENOU /		REG. NO					
1	I. DEC	EASED NAME	FIRST	M	UDDLE	LA	ST		20 DATE O	F DEATH A	MONTH	DAY	YEAR	26 HO	JR
-	(TYPE C	OR PRINT!	Earl	Fre	ederick	MEU	ISHAW			A	pr.	27 8	37 I		M
ł	3. SEX			4 RACE	-	5 DATE O	F BIRTH		6 AGE IN	YEARS LAST BIRTI	HDAY)	IF UNDER		IF UNDER	
-1	J. JEA	7.0000.200			440	MONTH	DAY	YEAR	0.0		- 1	MONTHS	DAYS	HOURS	MIN.
1	7- 010	Male THPLACE (STATE		7b. CITIZEN OF V	ite	Feb.	25	01	86	ORE CITY OF	YRS	V DE DE	ATH		
0		OUNTRY)	OR FOREIGN	7.1		MARRIED	NEVER	MARRIED -				-	A. T.		
		Maryla		US.		WIDOWE		VORCED		imore	_			1	MD.
	0. CIT	Y OR TOWN OF	DEATH		OSPITAL, NURS		R OTHER INS	TITUTION	(TYPE OF WO	OCCUPATION OF OF	WORKING LI		KIND OF USTRY	BUSIN	ESSOR
_	1	Baltin			ancheste		l		Self-	employ	red	Tav	vern	Own	ner_
1/2	USUA 13a. S	L RESIDENCE (#	NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE C	ITV LIMITS2	1124 STREET	ADDRESS /	ZIP COD	5			
7		aryland	130200	440	Baltimo		YES INSIDE C	NO D		Manche			d. 2	1229)
		THER'S NAME		7 4 30 7			15. MOTHER	S MAIDEN NA					,		
4		Charles	,	MIDDLE	Meusha	27.7	Ma	FIRST		MIDDLE		1	Kine		
	16- 14	AS DECEASED E		MED EOBCESS	16b SOCIAL SEC		17 INFORMA			ADDRE	SS		(111)C		
	(1)	ES NO OR UNKNOWN		(E WAR OR DATES)								-			
Į	N	0			215-10-	-887T	Emma E	• Meush	aw, /(00 Mano	chest				
		18 CAUSE OF D	EATH (Enter of	nly one couse per	line for 101, (b)	and ichi	1		1				APPROXIMETWEEN O	NSET AND	DEATH
		PARTI. DEAT		TE CAUSE (o)	Cardi	Oresp.	40107	4 /	Mres	1 -					
1				DUE TO, OR	R AS A CONSPO	UENCE OF	0	/,	t-re-	-116	1		,	120	.25
-1		Conditions, if	ony, which	(1b)	Colo	nic	Car	cinom.	a c	Mer	no Ta	1200	. 7	rr rr	103.
-1		gove rise to	immediate	DUE TO OF	R AS A CONSEID	HENIAE OF	Λ	0 1		1/1	7		1	/ .	
-1			ouse fost	15)	THY	olona	red (Cache	XI'C .	1/2/e)		4	- w	165.
		PART 2 OTHER	SIGNIFICANT	CONDITIONS	NTPRUTING TO	DEATH BUT	NØT RELATE	TO THE TERM	AINAL DISEA	SE OR CONE	DITION GI	VEN IN P	ART 110		
	Z	(0)	cinor	na di	Prosh	ste a	land	•							
2	AT	19a DATE OF OP			TION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	20a AUT	OPSY?		S, WERE			
7	CERTIFICATION								YES 🗀	NO		ifying c es \square	AUSES	NO [
_	E .	210. ACCIDENT WA	S UNDERLYING	216 TIME O	F INJURY		21c. HOW II	JURY OCCUR	RED (ENTERN	NATURE OF INJUR	Y IN ITEM 18	PART I OR	PART 2)		
		OR CONTRIBUTING				DAY YEAR									
	MEDICAL	21d INJURY OC		P.I 21e PLACE (19	21f. LOCATI	ON							
	WEL		OT WHILE		EET FACTORY OFFICE	FARM, ETC }	STREE			CITY OR TO	WN	COL	YIML		STATE
			I WORK			150	0	0	7	A	1/		29		
	ш			ital) attended the	e deceased from	16-3	10.	, 19	, to	1901	1 /	19_0	<u> </u>	ho (1)	(we) lost
	П	sow the de	ceosed olive or ve) (did) did no	view the body	ofter death.	0 , or	id that in (my	(our) opinion	deoth occur	red on the do	ote and ha	ur ond fr	om the	ouses si	toted
		22b. SIGNATURE	no		and the same of th		DEGREE					22	DATE	SIGNED	-
			110	5		^	1D.	PHYSICIAN PHYSICIAN	DIRECTO	R PHYSIC	IAN 🗌		4-	28.	-0/
/	1	22d. PHYSICIAN	S NAME ITYPE	PR PRINT)		20	22e ADDRE	SS //	//	1			- 0		7
		D. F.	max	ayalu	an,	70	400	1 W.1	Iken	5 AVE	- 4	-/2	7		
		URIAL, CREMATI	ON, REMOVA	23 DATE		. NAME OF C			23d LOC	ATION Ly OR ZOWN		COUN	TY	7	STATE 3
	,	Buri	al	4/30/8	87 N	lew Cat	hedral	Cem.	Ba.	ltimor	e		M	aryl	ana
	24 FU	JNERAL DIRECTO	R				21229	250 DA1		REGISTRAR	25b. REGIS	TRARIS	IGNAT	URE	
	Hul		neral H	Home, Ind	c., 4107	Wilke	ns Ave	. AP	R281	1987	Julia d	wide	B-16	adat.	
						-						-			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requirelationed by the hospital or ortending physician.
TO FUNERAL DIRECTOR, After this certificate has been signally be detached for use as the busical-transit permit The with the State Dept. of Health and Mental Hygiene prior to



the funeral director, page 3 d within 72 hours after death

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	0	200	2	
4	REG. NO.			

REGISTRAR			CERTIF	CATE OF DEATH	REG.	NO.	2 0	
1 DECEASED NAME FIRST		MIDDLE		AST	26. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
Mar	io(nmi.)	Mi	.chalski	April 28.	1987		6:10A
3. SEX	4. RACE		5. DATE O		6. AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
Female	Caucas	ian	May	10, 1929	57	YRS	NOMINS! DATS	MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA MODIE	DE NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Maryland	U.	S.A.	WIDOWI		Baltimore	County	,	M
10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	126. KIND C	OF BUSINESS OR
Baltimore	Frankli	n Square	Hospi	tal	Reception	nist	Nursi	ng Home
USUAL RESIDENCE OF NURSING HO 130. STATE 13b.C Maryland	ME OR OTHER INSTITUTION OUNTY	131. CITY OR TOW Baltimo	N	138. INSIDE CITY LIMITS?	13e STREET ADDRESS			#21224
4 FATHER'S NAME	MIDDLE			15. MOTHER'S MAIDEN NA				
Michael	WIDDLE	Kleinsm	ith	Agnes	WIDDLE		Szyma	
160 WAS DECEASED EVER IN U.S		16b SOCIAL SECU		17. INFORMANT	ADD	RESS		224
(YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	216-24-4	975	Anthony J. M	ichalski-	701 S.	Montife	rd Ave-
18 CAUSE OF DEATH (Ent	er only one cause ne							MATE INTERVAL ONSET AND DEATH
	(c)	Malnutrit ONTRIBUTING TO D		NOT RELATED TO THE TERM	INAL DISEASE OR CO	INDITION GIV	EN IN PART 1:	a ·
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	19b. COND	ITION FOR WHICH	OPERATIC	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDII YING CAUSES	
216. ACCIDENT WAS UNDERLYIN				21c. HOW INJURY OCCUR				
OR CONTRIBUTING CAUSE O		.M. MONTH DA .M.	YEAR					
(IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITYOR	TOWN	COUNTY	STATE
WHILE NOT WHILE AT WORK] [AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	SINCE				31711
220.1 certify that (this I saw the deceased aliv above, (t) (we) (did) (d				nd that in (pg) (our) opinion	, to _April death occurred an the	28, date and hau		that (M) (we) last causes stated
22b. SIGNATURE	el B.	Dono	4	DEGREE ATTENDING PHYSICIAN [MEDICAL S'	AFF SICIAN D	22c. DATE	SIGNED
22d. PHYSICIAN'S NAME (1	/	0	22e ADDRESS			01005	/
Babar	Yousaf,	MD		9000 Frankli	n Square I	rive,	21237	
23a. BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
Burial	5/1/8	7 St	. Sta	nislaus Cemet	er Baltim	ore.	M	larvland

DHMH - 16 60M 7/84 (VRA 15, 4)

5/1/87

St. Stanislaus Cemeter Baltimore

24 FUNERAL DIRECTOR George A. Weber & Sons, Inc. -705 S. Ann St.

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STATE OF MARYLAND NE

DEP	ARTMENT	OF	HEA	LTH	AND	MENT	AL	HYGIE
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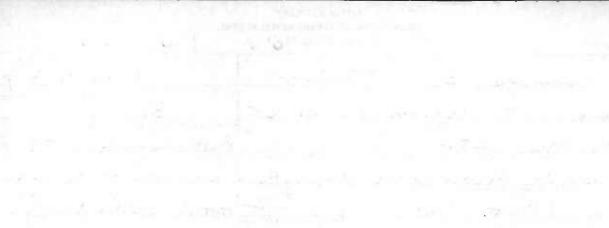
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	RES NO.	1	la	
	KEG. NO.	-	-	

		FOR STATE REGISTRAR			DEPART		EALTH AND	MENTAL HYG	SIENE	RED NO.	2 1		
		CEASED NAME OR PRINT)	FIRST		MIODLE	m	stle-	~	20 DATE C	4	13	78	830 PM
	1.5EX	nale	0	FAL O	asiam	5. DATE C	DAY	YEAR 05	6. AGE (IN	YEARS LAST BIRTHDAY)			FUNDER 24 ARS
1	le: 89	RTHPLACE (STATEOR	roteich 7b.	CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	D NEVER	MARRIED S	9 BALTIMO	ORE CITY OR COL	JNTY OF DEA	тн	
	10 CI	TY OR TOWN OF DE	ATH II.		HOSPITAL, NURSI			11.	(TYPE OF WO	OCCUPATION RK FOR MOST OF WORK	ING LIFE) INDU	ISTRY	MD. BUSINESS OR
	13a S	AL RESIDENCE (IF NURS	ING HOME OR OTH	to .	GIVE RESIDENCE BEFOR		13d INSIDE C YES []	<u></u>	130.STREET	ADDRESS / ZIP (Vill	21229
1		VAS DECEASED EVER	nd	FORCES?	16b. SOCIAL SEC	URITY NO.	BC 17 INFORM	rnardir	ne	ADDRESS	212	YOR	ger
	CATION	Conditions, if ony gave rise to im- course (a), stati- underlying course PART 2 OTHER SIGN THE DATE OF OPERA	nedicte ng the : lost NIFICANT CON	(b)	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	DEATH BUT	STR TEST STREET		INAL DISEA	OPSY? Les	F YES, WERE I	FINDING	S-USED
-	AL CERTIFICATION	214. ACCIDENT WAS UN OR CONTRIBUTING.	CAUSE OF DEATH	SIN TIME C		AY YEAR	ZIL HOW II	JURY OCCUR	VES C	NOR THURS NO	WIE PHAT LORF	100000	NO []
	MEDICAL	214 INJURY OCCUR		21s. PLACE (AT HOME,).1	OF INJURY BELL FACTORY, OFFICE		TH COCATE	ON		CITY DRIGHT	cour	ney.	57.418
	0	179-1 certify that III saw the decease obove, (I) (we) (ed alive on	4/1	7 19	17.00	DEGREE	(oor) opinion	MEDICAL	ed on the date on			
1	71- 0	276 PHYSICIAN'S	nyol	D. (Jayo	080	77e ADORE F1	ederic		a N.H.		1	1
l	24. FL	Buria Buria Buria UNERAL DIRECTOR HUMBER FUE		4/16/	/87	New Ca 212	athedra	1 Cemer	tery "	Baltimore			aryland

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, a should be detached for use with the State Dept, of Heal

MPDRTANT, # N



STATE OF MARYLAN

1.	FOR STATE REGISTRAR			DEPART		ELATE OF DEATHS	1	EG. NO	1 2 2	
	CEASED NAME	FIRST		MIDDLE	1	AST	2a. DATE OF DE		DAY YEAR	2b. HOUR
36	E DX PRINT	HARR'	Y	6.leman	M	ILLER		04	15 87	4:56PM
3. SE	X	4	RACE		5. DATE C		6 AGE (IN YEAR	LAST BIRTHDAY)	MONTHS DAYS	R IF UNDER 24 HRS.
/	Male		Whi	te	S. DATE C	6 1969	77	YR		HOURS MIN.
7a. B.	IRTHPLACE (STATE C	R FOREIGN 7		WHAT COUNTRY?	8. ************************************	D NEVER MARRIED	9 BALTIMORE		NTY OF DEATH	
CI	aysville	e,Pa.	U.S.	Α.	WIDOWE		BALT	IMORE	Co.	MD.
	TOWSON		6701	N. CHAR	ADDRESS)	STREET	12a USUAL OC TYPE OF WORK FO Crane	CUPATION R MOST OF WORKIN Opera	NG LIFET MULTUSTER	of BUSINESS OR
13a. S Ma	AL RESIDENCE (IFN) STATE LTYLAND	Ish COUNT	Υ	136. CITY OR TOW Hamps t	/N	136. INSIDE CITY LIMITS?	130 STREET ADD	ress / zip ci Terra (ce Ct.	21074
3 FA	Joshu	a	IDDLE	Misil	er	Florenc		NIOOLE	t.	AST
	MAS DECEASED EVE YES, NO OR UNKNOWN) NO	R IN U.S. ARM	ED FORCES? WAR OR DATES)	166. SOCIAL SECU 191-01		Terry P.	Miller	371 Bi	roadvie	w Lane d.21401
	Conditions, if or gove rise to it couse (a), sto underlying cou	mmediate ting the se last.	DUE TO, O	ONTRIBUTING TO	ENCE OF	HEMATOMA NOT RELATED TO THE TERM	WINAL DISEASE O	OR CONDITION		VEEKS
Z O					IMONI					
CERTIFICATION	190 DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	Y? 20b. IF IN CE	YES, WERE FIND RTIFYING CAUSE YES	INGS USED S OF DEATH?
	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEAT			AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATUR	E OF INJURY IN ITEM	18 PART I OR PART 2)	
MEDICAL	21d INJURY OCCU	WHILE ORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE
	sow the dece	The state of the s		ne deceased from 19 19 ofter death.	97	03/05 , 19 87 nd that in (my) (aur) apinion	death occurred a	n the date and	5, 19.87 hour and from th	, that (I) (we) last e causes stated
	226. SIGNATURE	A.	Mo	ull		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		E SIGNED 1-15-87
	SCOT	TA	. GL	ASSET		G.B.M.C.,6			S STREE	T, 21204
23a l	Burial CREMATION	N, REMOVAL	236. DATE 4-17-	.87 Ev	eggr	EMETERY OF CREMATORY	1 Finks	IOWN	Carrol	1 Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is morked

Finksburg

Carroll Md.

Son F. H. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
APR 20 1987 Julius Dividson Rand Thomas D. Fletcher & S 254 East Main Street Westminster, Md. 211 Divideon Pandale

HARPY CALLERY WILLES

TOWNON STORY N. CHARLES PRESTO. JA & DECEMBLE.

William Committee to the control of the control of

1/2-4-157 Fred F. Willer (1. Colerator

CAPO CPULMONARY ARREST

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	0	Ì	2	5
	REG. NO	D.		

	1 -	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYGICATE OF DEATH		G. NO.	2 3		
		OR PRINT)	FIRST		WIDDLE	L	AST	20. DATE OF DEA		DAY YEAR	26 HOU	R
			omuli	15 5	MILLER			April 20	1987		6:55	Ам
	3. SEX	K		4. RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER	24 HRS MIN.
		Male		White		De	c. 19, 1898	88	YRS	MONTHS DATS	HOURS	MIN.
)		orth Carol		76. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED DIO	9. BALTIMORE CI	_			
/		TY OR TOWN OF DEA			HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	Baltimo	PATION	12b KIND C	Pace	SS OR
5	USU/ 13a. S	AL RESIDENCE (IF NURS ITATE Maryland		OTHER INSTITUTION.	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	2 STREET ADDR	ay Sou	Ch 212	21	
9	14. FA	THER'S NAME		ALIDDLE .	Ban - LAST		15. MOTHER'S MAIDEN NAM		DIE	LA	.7	
2	/	Colum	bus	Calvin	Miller		Sarah Elis				21	
		VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES?	238 01 3		Lexie N. Mi		DDRESS			
		18. CAUSE OF DEAT PART I. DEATH W	AS CAUSE	D BY: IE CAUSE (a)	Card	w pr	erray a	rect			IMATE INTER ONSET AND	VAL DEATH
		Conditions, if ony, gove rise to imm	nediate	DUE TO, O	R AS A CONSEQUE	NCE OF	(DM)	Dragele	, Mel	the)		
		couse (o), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR										
	NOI	PART 2 OTHER SIGN	NIFICANT (CONDITIONS <u>CO</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION	SIVEN IN PART 11	a	
1	CERTIFICATION	19a DATE OF OPERA	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDIN	NGS USED	H2
Ris	TIF	_4	4 14			_		YES NO	erera a	YES	NO [
-		?1a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEA	DEATH HOUR A.M. MONTH DAY YEAR			21c. HOW INJURY OCCURR	INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
	MEDICAL	21d INJURY OCCURE	BE 🗆	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	51	ATE
		27a I certify that (I) (this hospital) attended the deceased fram										
		276. SIGNATUR	9	No	el Ju	0	THISICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN [22c DAILE	SIGNED 20 f	7
		Paul \					1012 Old	1. By	Rd.	BAHO .	212	24
		Burial, CREMATION,	REMOVAL	23b. DATE 4/22			EMETERY OR CREMATORY Hill Memorial	23d LOCATION Cardens	™Balti	more, Md	SI	TATE
	24. FL	NERAL DIRECTOR	Funer	a.l Home	PA 1407	Old E	astern Ave Ap	R 2 3 108	RAR 256 REGI	STRAR'S SIGNAT	URE	

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.a. or ottor, brown december filter too 1875/4 false Valendaria his till a see I (Manife beside) en

_	FOR
1	STATE
1	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	party.	4	- 3	21
1	U	1	60	,
	REG. NO.			

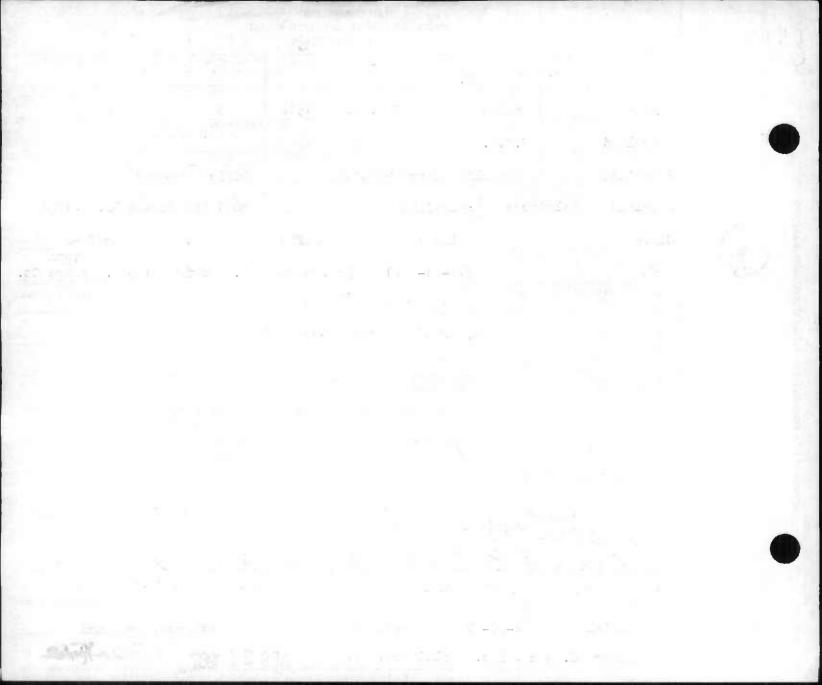
(IF NOT IN SUCH	S. DATE OF THE PROPERTY STATES AND THE PROPERTY STATES	3, °aY 1912	6. AGE IN YEARS LAST BIRT 75 9 BALTIMORE CITY OF	YRS	INDER I YEAR	HOURS MIN.
7b. CITIZEN OF W U.S.A. 11. NAME OF HO	HAT COUNTRY? 8 MARRIE WIDOWE	3, 1912 □ NEVER MARRIED □		YRS		
U.S.A.	MARRIE WIDOWE		9 BALTIMORE CITY OF			
(IF NOT IN SUCH	SPITAL NURSING HOME	DIVORCED	Baltimore City of	e Count	DEATH	MD
	facility, give street aboress) in Square Hos		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Office Ma	WORKING LIFE)	126. KIND O INDUSTRY	F BUSINESS OR
	ive residence before admission) 3c CITY OR TOWN Parkville	13d. INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS / 3051 Oak	ZIP CODE Forest	Dr.	21234
WIDGIE	Miller	IS MOTHER'S MAIDEN NA	ME MIDOLE B.		Hoff	ian
		Mrs. Brends				21234 cange Ct
DUE TO, OR DUE TO, OR DUE TO, OR (c) NT CONDITIONS CON	AS A CONSEQUENCE OF WHICH OPERATION	NOT RELATED TO THE TERM	IN AL DISEASE OR COND 200 AUTOPSY? YES NO	206 IF YES, W IN CERTIFYIN YES [/ERE FINDINIG CAUSES	NGS USED
PEDEATH HOUR A.M. P.M. 21e. PLACE O (AT HOME. STREE aspital attended the e an April d not) view the body a	MONTH DAY YEAR 19 FINJURY T, FACTORY, OFFICE, FARM, ETC.) deceased from April deceased from 19 87, or	21f. LOCATION 23 87 24 19 and that in (my our pinian person of the per	city of tov April , to April death accurred an the da MEDICAL STAF DIRECTOR PHYSIC	26 . 19. te and haur ar	87 and from the 2210 DATE 4-20	
	23c NAME OF C		23d. LOCATION CITY OR TOWN			STATE
	ARMED FORCES? S. ARMED FORCES? S. GIVE WAR OR DATES) PET ONLY ON CONDITIONS DUE TO, OR LOCAL OR OF DEATH P.M. 19b. CONDITIONS THOSE DEATH P. CONDITIONS THOSE DEATH	MIDOLE MILLEY S. ARMED FORCES? S. GIVE WAR OR DATES) Per only one cause per line for (a), (b), and (c.) Cardiopulmonar Application Full Ture of Injury (c) I 19b. Condition for which operation I 19b. Condition for which operation S. Contributing to Death But I 19b. Condition for which operation I 19b. Condition for which operation G. Contributing to Death But I 19b. Condition for which operation I 19b. Condition for which operation Application of the condition of the conditio	MIDOLE MILTER MILTER IS MOTHER'S MAIDEN NA. LITTLE JAPAN AND FORCES? S. GIVE WAR OR DATES) JAPAN AND CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM LIPPE CONDITION FOR WHICH OPERATION WAS PERFORMED APPEL PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE FARM, ETC.) JAPAN 1 26 APPL 23 APPL 23 APPL 24 APPL 25 APPL 27 APPL 27 APPL 26 APPL 27 A	MIDDLE MILLER MILLER MILLER MIDDLE MIDLE MID	MDOLE MILLEY MILLEY	MILIET LITIES B. HOFF ARMED FORCES? 166 SOCIAL SECURITY NO. 214—01—8721 Mrs. Brenda R. Ludwig 123 E. Or er only one couse per line for (QL, (b), ond (CL) APPROXI USED BY. Cardiopulmonary Arrest DUE TO. ORAS A CONSEQUENCE OF (C) NT CONDITION FOR WHICH OPERATION WAS PERFORMED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY 197 CONDITION STREEL, FACTORY, OFFICE FARM, ETC.) 198 CONDITION OF INJURY 199 CONDITION OF INJURY 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 FLATER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 211. LOCATION 212. PLACE OF INJURY 134 HOUR STREEL, FACTORY, OFFICE FARM, ETC.) 198 COYPE IN JURY 199 CONDITION OFFICE FARM, ETC.) 218 PLACE OF INJURY 190 CONDITION OFFICE FARM, ETC.) 219 APPROXI 210 PLACE OF INJURY 121 PLACE OF INJURY 122 PLACE OF INJURY 123 APPROXI 224 APPROXI 225 PLACE OF INJURY 126 PLACE OF INJURY 127 APPROXI 227 APPROXI 228 APPROXI 228 APPROXI 228 APPROXI 229 APPROXI 220 DATE 220 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 220 APPROXI 221 DATE 4-26 222 DATE 4-26 223 DATE 224 APPROXI 225 DATE 226 APPROXI 226 APPROXI 227 DATE 228 APPROXI 228 APPROXI 229 DATE 220 DATE 220 DATE 221 DATE 222 DATE 223 LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

should be detached for use as the buriol-troosit permit. Then with the State Dept, of Health and Mental Hygerse prior to bi

ATTENDING PHYSICIAN: The ospital or attending physician



98	63 APR -9	17	FOR STATE REGISTRAR			DEPARTM	ENT OF	E OF MARYLAND REALTH AND MENTAL HYG ICATE OF DEATH	SIENE	O I	2 5	
2	vy be		CEASED NAME OR PRINT)	AR1	MARIA	MIDDLE	MI	TCHEL	20. DATE OF D	04	06 8	2 83 AM
	director, po	3. SEX	émale		1 RACE Wh	ite	5. DATE (OF BRTH 18 YEAR 23	6 AGE (IN YEAR	3 YRS	MONTHS DAY	S HOURS MIN.
0	deoth.	PE	RTHPLACE (STATE OR F OUNTRY) NNSYLVANIA		U.		MARRIE WIDOWI		BA	CITY OR COUNT	COUNTY	MD.
100	by the	RA	NDALLSTOWN		BALTIM	ORE COUNT	Y GEN	DR OTHER INSTITUTION NERAL HOSPITAL	12a USUAL OC (TYPE OF WORK FO ARTI	CUPATION OR MOST OF WORKING ST .	LIFE) 126. KINE INDUSTI AR	COMMERCIAL
AND 21	filled in hoyfd be	13a, S MA	RYLAND	13b. COU		GIVE RESIDENCE BEFORE 131. CITY OR TOWN CATONSVI	4	13d INSIDE CITY LIMITS? YES ☐ NO 🏋		DRESS / ZIP COI		ROAD 21228
MARYL	Selection of the select	14. FA	THER'S NAME FIRST MICHA	EL	MIDDLE	MITCH	EL	15 MOTHER'S MAIDEN NA FIRST VENETIA	,	AIDDLE		MELLON
IMORE,	on ond co		VAS DECEASED EVER (ES. NO OR UNKNOWN)		MED FORCES? VE WAR OR DATES)	166 SOCIAL SECUI		PAUL M. MIT	CHEL	SAME AS	# 13	
II., BALI	physicia phy		PART I. DEATH W	AS CAUSE	nly one couse per ED BY: TE CAUSE (o)	Cordi	D P	ulm onany	are	sr	APPR 8ETWE	OXIMATE INTERVAL EN ONSET AND DEATH
VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	death ce attending ove carbo trion, or ra		Conditions, if any,		DUE TO, O	r as a conseque	NCE OF	d metast	-atic	Ca		
M. PR	that the d by the ease rem ol, cremo		gove rise to imm couse (a), statin underlying couse	g the	DUE TO, OI	BY CONSEQUE	ST.	Ca				
ORDS, 20	en signe en to burn or to burn	NOIL	1 Rene	rlf	ai w	eo	INF	NOT RELATED TO THE TERM				
AL REC	The low rion. e hos bee hos bee sit permit. grene prio	CERTIFICATION	19a DATE OF OPERA				OPERATIC	N WAS PERFORMED	1	IN CERT	res 🗌	NO
2	Z K O O H	U	21a. ACCIDENT WAS UNE	DERLYING [F INJURY	V VEAD	21c HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM TO	PART I OR PART	5

YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OF PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21f LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (this hospital) attended the deceased from (we) lost

sow the deceased alive on 0406 obove, (I) (we) 106 (did not) view the body after and that in (our) opinion death occurred on the date and hour and from the couses stated 37h SIGNATURE DEGREE ATTENDING PHYSICIAN MEDICAL STAFF

22d. PMYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS RANDALLSTOWN, MARYLAND

BALTIMORE COUNTY GENERAL HOSPITAL 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN

4/9/87 BURIAL ²⁴ FUNERAL DIRECTOR LEROYAMM. & RUSSELL C. WITZKE AFUNERAL HOMES P.A. 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228

GREEK ORTHODOX

WOODLAWN MA
BY REGISTRAR 256 AEGISTRAR'S SIGNATURE

22c. DATE SIGNED

STATE

MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate ha should be detached for use as the burial-transit p with the State Dept. of Health and Mental Hygien

IMPORTANT: If Hem 21 is morked or Hem

MEDICAL

PHYSICIAN:

OR ATTENDING ō

O HOSPITAL

4/14

and the fillent file of

(VR A15 ME (5) 15M 2/80 503

Page 4 may be

director, page 3 hours ofter death;

STATE OF MARYLAND

0	13	4	. 3	1
	REG. NO.	-	lien	-

1-	FOR - STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGI CATE OF DEATH	1 PEON	1 2	1	
	CEASED NAME FIRST	WIDDLE	LA	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
FITPE	Ruth	Doris	MIT	CHELL	April 10	. 1987		8:30
3. SE)		4. RACE	5. DATE O	4 1 1 10 m	6. AGE (IN YEARS LAST BIR	THOAY) IF L	UNDER 1 YEAR	IF UNDER 24
	Female	White	Feb	. 15 1919	68	YRS	NIHS DAYS	HOURS
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	■ NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
	Maryland	USA	WIDOWE		Baltimore	County		
10 CT	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS! (IF NOT IN SUCH FACILITY, GIVE STREE		R OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND O	F BUSINES
	ossville	Franklin Sq	uare	Hospital	Housewi	fe.	II V D Q S I K I	
13a. S	STATE 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13a. CITY OR TOV 1timore Esse:	NN I	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 102101dE	/ ZIP CODE Easteri	nAve.	2122
4. FA	ATHER'S NAME			15 MOTHER'S MAIDEN NAM				
	Philip	H. Pear	ce	Florenc	e widdle		LAS	·
6a W	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		
(Y	YES, NO OR UNKNOWN) (IF YES, GI	218-09	-7887	HarryMitch	ell 1021	OldEas	stern	Ave.
	Conditions 15	DUE TO, OR AS A CONSEQU		ulmonany anno	oc+			
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT		Cardior JENCE OF Imia	Dulmonary arre		IDITION GIVEN	IN PART 1:0	2
RIFICATION	gave rise ta immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(b) Recent C DUE TO, OR AS A CONSEOU (c) Dysrhyth CONDITIONS CONTRIBUTING TO	Cardiop JENCE OF Imia DEATH BUT	NOT RELATED TO THE TERM		20b. IF YES, W IN CERTIFYIN YES [VERE FINDIN	IGS USED
CAL CERTIFICATION	gave rise ta immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) Recent C DUE TO, OR AS A CONSEOU (c) Dysrhyth CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH ATH HOUR A.M. MONTH D	Cardiop JENCE OF Imia DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CON 200 AUTOPSY? YES □ NO X	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING CAUSES	GS USED OF DEATH
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	(b) Recent C DUE TO, OR AS A CONSEQUATION OF THE PLACE OF INJURY 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE.	Cardior JENCE OF Mia DEATH BUT H OPERATION DAY YEAR 19 FARM.EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET	200 AUTOPSY? YES NOW ED (ENTER NATURE OF INJU	20b. IF YES, WIN CERTIFYIN YES [VERE FIND IN GCAUSES OR PART ?)	GS USED OF DEATH
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE CONTRIBUTING AUSE OF DE CONTRIBUTION AT WORK 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that full (this hasp sow the deceased alive or above, A) (we) (did) (dide of above,	(b) Recent C DUE TO, OR AS A CONSEQUE (c) Dysrhyth CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH ATH HOUR A.M. MONTH D P.M. 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE.	Cardior JENCE OF Mia DEATH BUT H OPERATION DAY YEAR 19 FARM.ETC) April 87on	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET 10 , 19 87 d that in (our) opinion of	200 AUTOPSY? YES NOW ED (ENTERNATURE OF INJU-	20b. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PARI	VERE FINDING CAUSES OF PART 2) COUNTY 87 Indiffer the	SIA
	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that NU (this hasp sow the deceosed alive or above, N) (we) (did) (did) 22b. SIGNATURE	(b) Recent C DUE TO, OR AS A CONSEQUATION OF AS A CONSEQUATION OF AS A CONSEQUATION OF A CONDITION OF A CONDITI	Cardior JENCE OF Mia DEATH BUT H OPERATION DAY YEAR 19 FARM.ETC) April 87on	NOT RELATED TO THE TERM N WAS PERFORMED 21t. HOW INJURY OCCURR 21t. LOCATION STREET 10 19 87 d that in (N) (our) opinion of OPEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOW ED (ENTERNATURE OF INJU-	20b. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PARI DWN 10 10 19	VERE FINDING C AUSES 1 OR PART 2) COUNTY	STA
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE AT WORK NOTIFY THE AT WORK NOTIFY THE AT WORK NOTIFY THE AT WORK ORD SOW the deceosed alive or above. A) (we) (did) (did) 220. I certify that had (this hasp sow the deceosed alive or above. A) (we) (did) (did) 221b. SIGNATURE	(b) Recent C DUE TO, OR AS A CONSEQUATION OF PRINT! (c) Dysrhyth CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE. (ifol) attended the deceosed from 19 21) view the body after death.	Cardior JENCE OF Mia DEATH BUT H OPERATION DAY YEAR 19 FARM.ETC) April 87on	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET 10 , 19 87 d that in (N) (our) opinion of the physician (PHYSICIAN) 22c. ADDRESS	200 AUTOPSY? YES NOW CITY OF TO APPTI to APPTI MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES [URV IN ITEM 18 PARI DWN 10 19	COUNTY 87 1 OR PART 2) COUNTY 87 1 OR PART 2)	SIA
WEDICAL WEDICAL	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE CITY WORK NOT WHILE AT WORK	(b) Recent C DUE TO, OR AS A CONSEQUE (c) Dysrhyth CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH ATH HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE. (ifol) attended the deceosed from. April 10	Cardior JENCE OF Mia DEATH BUT H OPERATION DAY YEAR 19 FARM.EIC) April 87 on	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET 10 , 19 87 d that in (N) (our) opinion of the physician (PHYSICIAN) 22c. ADDRESS	280 AUTOPSY? YES NOW CITY OR TO APPTIL Geoth occurred on the d MEDICAL STA DIRECTOR PHYSIC 1334 LOCATION	20b. IF YES, WIN CERTIFYIN YES [DRY IN ITEM 18 PART DWN 10 , 19. late and hour at	COUNTY 87 Ind from the 222. DATE 4/1	SIA that (M) (we couses state
WEDICAL WEDICAL	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE OF CONTRIBUTION OF CURRED NOTIFY OF CONTRIBUTION OF CONTRIBU	(b) Recent C DUE TO, OR AS A CONSEQUE (c) Dysrhyth CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH ATH HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE. 11tol) attended the deceosed from, April 10 All wiew the body after death. OR PRINT) 23b. DATE 23c.	Cardior JENCE OF Mia DEATH BUT H OPERATION APTI 87	21c. HOW INJURY OCCURR 21l. LOCATION STREET 10 19 87 d that in (Our) opinion of PHYSICIAN 22c. ADDRESS 9000 Frank EMETERY OR CREMATORY	280 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN YES [DRY IN ITEM 18 PART DWN 10 , 19. late and hour at	COUNTY 87 Indigen the 22c. Date 4/1	SIA

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remave carba with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or in

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion. 4/20

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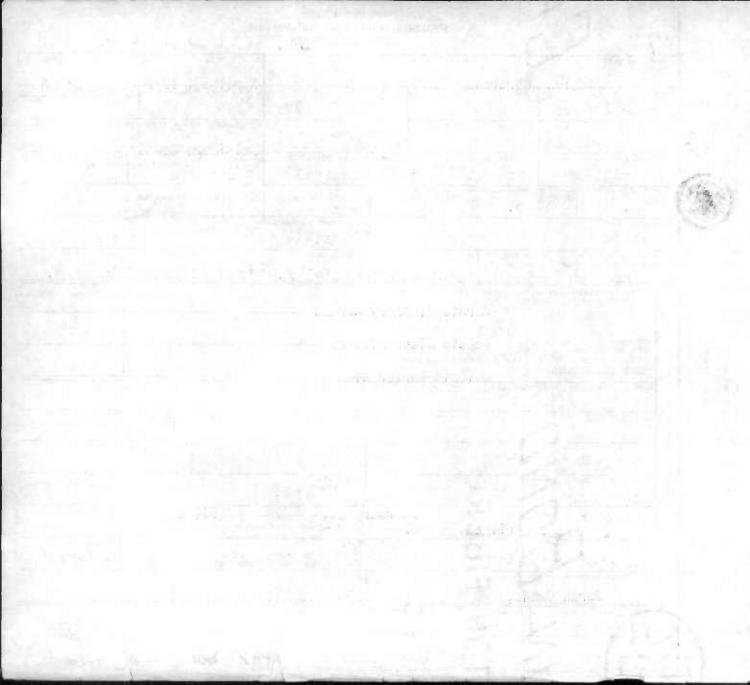
STATE OF MARYLAND

3	IAII	OF M	MALL	AND		
DEPARTMENT	OF H	EALTH	AND	MENTAL	HYGIEN	IE.
CER	RTIF	ICATE	OF	DEATH	1	
						-

I REG.	10.	2	8	
OF DEATH	HINOM	DAY	YEAR	2b

3	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR												
1	1. DECEASED NAME FIRST MIDDLE LAST								20 DATE OF DEATH MONTH	DAY YEA	AR 2b HC	DUR	
	11015	Hel	en.	Gertru	ertrude MOODY				April 28 198	27	2.5	DTR 21 HRS	
	2 SEX			4 RACE 5. DATE					AGE (IN YEARS LAST BIRTHDAY)		YEAR IF UNE		
		Female		White		April 19 1921				rRS.			
7	COUNTRY STATE OR FOREIGN				WHAT COUNTRY?	8. MARRIED NEVER MARRIED		IED 1	BALTIMORE CITY OR COL	JNTY OF DEAT	н		
2		Marylan		USA		WIDOWE	WIDOWED * DIVORCED		Baltimore Cou	intv.		MD.	
-	100	CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Franklin Squ		G HOME OR OTHER INSTITUTION			(TYPE OF WORK FOR MOST OF WORK		ND OF BUSI	NESS OR	
K	4.0	ossville					Hospital		Housewife				
)		AL RESIDENCE (IF NURSING TATE 13)	Balt	HER INSTITUTION	13c. CITY OR TOWN ESSEX	N		**	3e.STREET ADDRESS / ZIP		Road	321221	
		THER'S NAME	MIC	DDLE	LAST		15 MOTHER'S MAI		MIDDLE		LAST	XO TOU	
)		Walter			Lanky		Hatti	Le		Ander	son		
i		VAS DECEASED EVER IN		PAR OR DATES	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS				
		no			214-18-	7671	Daniel	F. E	Elste 616Car		PROXIMATE IN		
27	NON	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	CERTIFICATION	190 DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION			IN CERT				S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\begin{array}{cccccccccccccccccccccccccccccccccccc		
		210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITE	M IS PART T OR PAR	1 2)		
	MEDICAL	21d INJURY OCCURRED		21e. PLACE (AT HOME STE	OF INJURY REET FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	uy.	CITY OR FOWN	COUNT	Y	STATE	
		220.1 certify that W (this hospital) attended the deceased from February 20, 19.87, to April 28, 19.87, that (I) (we) last sow the deceased alive an April 28, 19.87, and that in (Max) (our) opinion death occurred on the date and hour and from the causes stated above, (b) (we) (did) (state) (less the body one death. 220. SIGNATURE DEGREE											
	6	SCACH & CHANGE MEDICAL STAFF PHYSICIAN DIRECTOR PHY											
		Sarah Owens, MD 9000 Franklin Square Drive, 21237											
		BURIAL, CREMATION, REA	MOVAL	236. DATE	23c N	IAME OF C	EMETERY OR CREM		23d. LOCATION CITY OF TOWN	COUNTY		STATE	
	5	Burial	134	5/1/	/87 0	ak I	awn Ceme				rylar	nd	
		UNERAL DIRECTOR			ADDRESS			250. DATE	REC'D. BY REGISTRAR 25b. RI				
	C	ConnellyFuneralHome 300MaceAve. 21221 APR 28 1967 Junia Bird molling.											

DHMH - 16 50M 4/83 (VRA 15, 4)



051804 APR 2 07 FOR 1 - STAT REGI

filled in by the funeral director, page 3 bould be filed within 72 hours after death

STATE OF MARYLAND

- STATE REGISTRAR			DEPART		ICATE OF I	EATH	Z	REG. NO	1	0 0	
1. DECEASED NAME	FIRST	MIE	DIE	L	AST		2a DATE O	FDEATH W	ONTH E	DAT YEAR	2b. HOUR
(1112 3117 1117)	JAMES	1		MOORE					4 2	4 87	14.7
3. SEX		4 RACE		5. DATE O			6. AGE (IN	YEARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	
Male		Black		MONTH 9	16	16		70	YRS.	MONTHS DAYS	HOURS M
To. BIRTHPLACE (ST)		76. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER	MARRIED -		recity or	COUNTY	OF DEATH	
Ga.		USA	COUTAL MILECIA	WIDOWE		VORCED					
Woodlawr	1	8 Wal	den Ceda	r Ct.	OK OTHER INS	IIIUIION		OCCUPATIO			of Business Motors
USUAL RESIDENCE (13a. STATE Md.	13b COU	NTY 3 1	ve residence before 3c. CITY OR TOW NOOD TAWN	N I	13d INSIDE C	ITY LIMITS?	13e.STREET	ADDRESS / lalden	zip code Ce da	r Ct.	21207
14. FATHER'S NAME Archie	9	MIDDLE MOO	LAST			MAIDEN NA		WIODIE			AST
16a. WAS DECEASED	EVER IN U.S. AI		6b. SOCIAL SECU	RITY NO.	17. INFORMA	INT		ADDRES	S		
TARE HO OR MUKHON	VN) (IF YES, GI	IVE WAR OR DATES)	413-01-3	982	Fliza	abeth M	oore	8 Wa1	den (Circle	C+
PART 2. OTHER	stating the couse lost.	DUE TO, OR A	AS A CONSEQUE		NOT RELATED	TO THE TERM	INAL DISEAS	SE OR COND	TION GIVI	EN IN PART 1	10.
19a DATE OF O	PERATION	196 CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUT		IN CERTIF	, WERE FIND YING CAUSE S	INGS USED S OF DEATH? NO [
OR CONTRIBUTING	CAS UNDERLYING [G CAUSE OF DE	HOUR A.M.	MONTH DA	YEAR		JURY OCCURE	RED (ENTERN	ATURE OF INJURY	IN ITEM 18 PA	ART 1 OR PART 2)	
ANUILE I	NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREE	T, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	D-	7	Ahal)-	COUNTY	STATE
sow the dobove (1)	eceased alive of (we) (did) (did n	oital) attended the out view the body at	1/ -	, on	nd that (my)	(our) opinion	death occurr	ed on the dot	e and hour	r and from the	that (1) (we)
226. SIGNATUR	RE	pos	Wed I	21	100	ATTENDING PHYSICIAN	MEDICAL	STAFF		22c DATE	27/8
22d PHYSICIAN	N'S NAME (TYPE	OR PRINT)			22e ADDRES	s					l
23a. BURIAL, CREMAT	TION, REMOVA	L 23b. DATE			EMETERY OR		23d LOC				
Burial		4/28/87	Ga	rrisor	Fores	t Vet.		inas M	ille	Mai	STATE

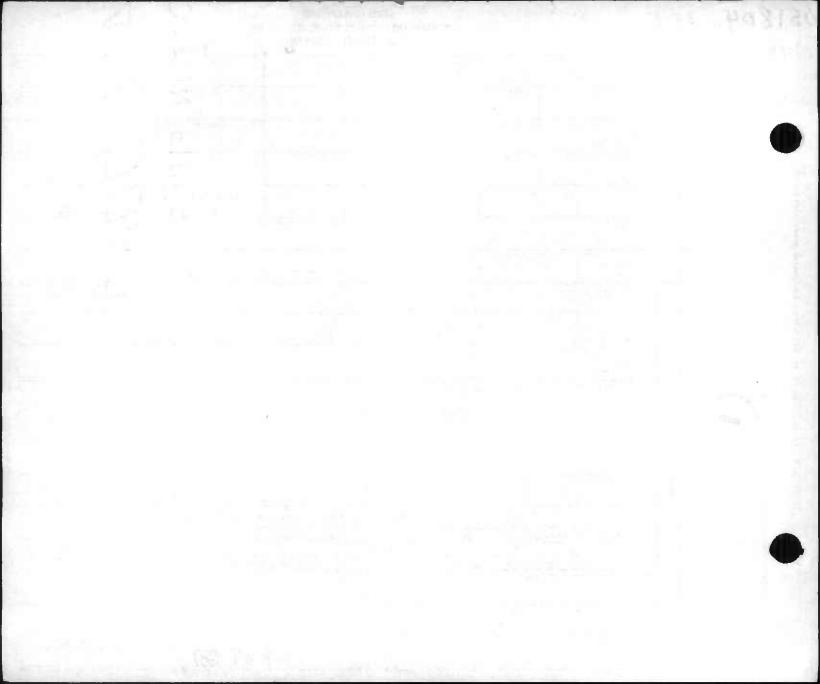
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR should be deteched to with the State Dept. of MPORTANT, If Its

O HOSPITAL

24. FUNERAL DIRECTOR

Wm C March F/H West 4300 Wabash Ave. Vet. OWINGS MILLS, INC.



ON OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21203
ding physician
in certificate has been ugned by the attention physician and completely filled in by the funeral director, page 3. Burigitizational permit Then please rempire coding pages. Pages, Agad 2 should be Tilled with p-27 havin after death.
Mental Hygiene prior to buriol, crematon, or imposi
or from 16 shows any injury, or other from the free from the medical expansion in the notice of promise

STATE OF MARYLAND

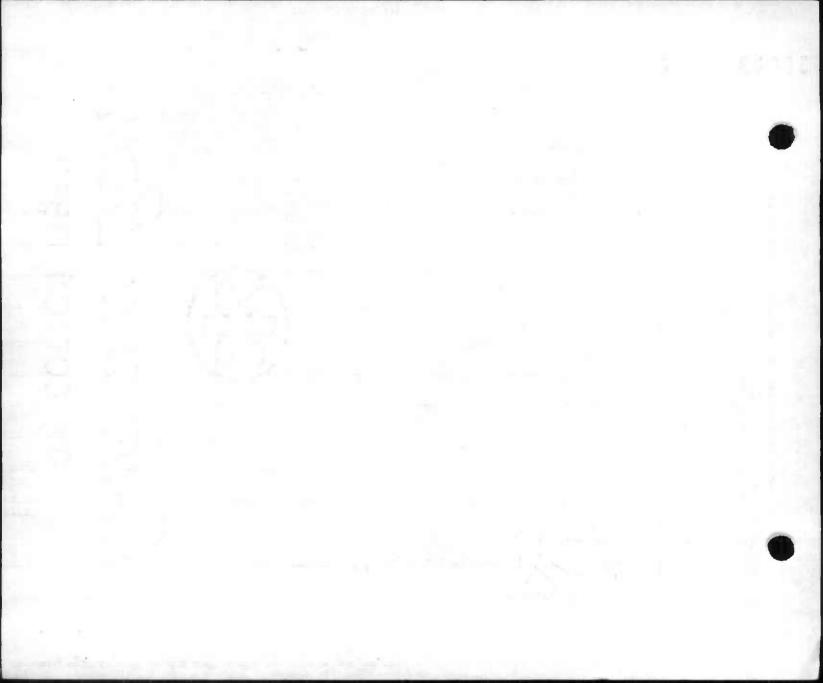
1.	FOR STATE REGISTRAR	D	PEPARTMENT OF H	EALTH AND ME		ENE REOUG	3	0	
	CEASED NAME FIRST	MIDDLE	ī	AST		20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
~(3Ab)	Robert	T	Mules	her		4	- 12	07	648 M
1. SE		4 RACE	5. DATE C	OF BIRTH		. AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER TYEAR	IF UNDER 24 HRS
1	male	CAUCAS	MONTH		29	51	YRS. MON		HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MA	PRIED T	BALTIMORE CITY OF	COUNTY OF	DEATH	
	Md	USA	WIDOWE		RCED TO	Bootin	ose C	alund	MD MD
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITU		120 USUAL OCCUPATIO	ON I	2b. KIND O	F(B) SINESS OR
-	Towson	STENOT IN SUCH FACILITY, O	MARIS	Hospic		Superviso		NDUSTRY Inst:	rument
13a. S	AL RESIDENCE (IF NURSING FOME OR STATE 186. COUN	ITY 13c. CITY	ORTOWN	13d. INSIDE CITY		3 STREET ADDRESS /			
-	Md. Carr	oll Hamp	ostead			323 White	e Oak	Ct. 2	21074
14) FA	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S M		E MIDDLE		241	1
K	William		cahy	Anna		***************************************	Witt	ha ve:	r
	VAS DECEASED EVER IN U.S. AR		IAL SECURITY NO.	17 INFORMANT		ADDRE	SS		
march.	YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES) 216	24 8397	Mr. J	ohn J	. Mulcahy	, Bal	timo	re, Md.
	PART I. DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	D BY: E CAUSE (a) LUNG DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c)	G CANCER ONSEQUENCE OF			metastası			MATE INTERVAL
MEDICAL CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORM	NED	200 AUTOPSY?	20b. IF YES, WI		
ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	f.M.	NTH DAY YEAR		RY OCCURRE	D (ENTER NATURE OF INJUR		ORPART 2)	
MED	21d. INJURY OCCURRED HILE NOT WHILE ALL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTOR		211. LOCATION STREET		CITY OR TOV	/N	COUNTY	STATE
	220. I certify that (I (this haspit saw the deceased alive on abave, (I (we) (did) (did not	14/12	19_ \$7 ar	47, and that in (my) (ex	19 87 Tapınian de	to #//2 eath accurred an the da	te and have an		that # (we) ast causes stated
	22b. SIGNATURE	1		DEGREE ATT PH'	ENDING YSICIAN [MEDICAL STAF		TO DATE	SIGNED 2
	22d. PHYSICIAN'S NAME	PRINT)		22e. ADDRESS	· M	22.6 14.		- 1	1
	COCITE 1141	chuda		225/1	4 111	HKIZ IN:	Pice		
	BURIAL, CREMATION, REMOVAL	23b DATE		EMETERY OR CRE		23d. LOCATION		DUNTY	STATE
	Burial	4-15-87	Garden	s of Fa	ith	Baltimo	re Bai	lto	Md.
24 FI	UNERAL DIRECTOR				25a, DATE	REC'D. BY REGISTRAR	S REGISTRAR	SSIGNA	VIII-

DHMH - 16 60M 7/B4 (VRA 15, 4)

Eline Funeral

APR 15 1987 Julia Dividerno Baddet

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN 26. HOUR Alan TYPE OR PRINT) OF 17/19 87 DEATH MATED David 6. AGE (IN YEARS 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE 17 VPS Nov. 21, 1969 Male White 17/19 87 DEAD ам IN BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED DIVORCED Baltimore County, B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS. OR INDUSTRY FOR MOST OF WORKING LIFE) Middle River & Pawnee Rds. Essex Student SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RÉSIDENCE BEFORE ADMISSIONI 136 COUNTY 13g STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MiddleRiver Md. Propeller Drive 21220 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Vernon Peggy Mills Mullens 7. INFORMANT Ma WAS DECEASED EVER IN U.S. ARMED FORCES IAN SOCIAL SECURITY NO ADDRESS PAGES Vernon Mullens 6PropellerDr. 21220 216-08-7654 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Head Injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A B OF HEALTH JRIAL, CIPEN CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD "PR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARKLAND, 21201 PRIOR, TO BURIAL, 20 AUTOPSY? YES X NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MC HOUR A.M. MONTH DAY subject occupant of auto/parked auto impact 211 LOCATION 21e PLACE OF INJURY 214 INTURY OCCURRED AT WORK AT WHILE TREET FACTORY, FARM, ETC. Middle River & Pawnee Rds., Essex, Balto. roadway Md.Undetermined monner TITLE (SPECIFY) ACTUAL 4/17/87 Chief SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME E. Smialek, M.D. Penn St (TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION HollyHillCemetery | Middleh Rurial 24. FUNERAL DIRECTOR MiddleRiver 07/84 ConnellyFuneralHome 300MaceAve. 21221 **DHMH - 17** (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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6	REG. NO).).		

	- STATE REGISTRAR	DEP	CERTIFICATE OF DEATH	GIENE O 5	la .
	I. DECEASED NAME FIR	ST MIDDLE	LAST	20 DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
-		belle	Muller	4 1	7 87 5:15 ^A
	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS (AST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HR
	F	W	MONTH DAY YEAR 9.3	9 3 YRS	ONTHS DATS HOURS MIN
810	7a. BIRTHPLACE (STATE OF FOREIG	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
67	New York	USA	WIDOWED DIVORCED	/	Co.
po	10 CITY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS
50	Catonsville	St. Joseph'	s Nursing Home	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
pe pe		ME OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		
3	13a. STATE MD	COUNTY Balt	TOWN 13d INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / ZIP CODE 3925 Beech Av	0/21211
e -	14 FATHER'S NAME	Daic	15. MOTHER'S MAIDEN N		<u>e/21211</u>
E CO	Eli FIRST	Tucker	Marcarot	WIDDLE	LAST
š 4	160 WAS DECEASED EVER IN U		Margaret SECURITY NO. 17 INFORMANT		
P 7	(YES, NO OR UNKNOWN) (1F	YES, GIVE WAR OR DATES)		1222 T	ugwell Dr.
E	no	070-2	28-1932 St. Josep	n's N.H./ Caton	SVILLE, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL
er trou	Conditions, if ony, wh gove rise to immedia couse (a), stating	ote	cution can be	faren annual	3728
y injury, or oth	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	STO DEATH BUT NOT RELATED TO THE TER	Par cular ensuffre	ines of bigo
ows ony injury, or oth	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	S TO DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 206.4F YES, IN CERTIFY	WERE MININGS USED ING CAUSES OF DEATH?
Item 18 shows ony injury, or oth	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING 196 CONDITION FOR W 107 CONDITION FOR W 108 CONDITION FOR W 109 CONDITION FOR W 109 CONDITION FOR W 109 CONDITION FOR W	Caseson Jaken in the ter was performed 1 DAY YEAR 19	200 AUTOPSY? 206.4F YES, IN CERTIFY	WER ENDINES USED ING CAUSES OF DEATH?
orked or Item 18 shows any injury, arath	PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	ANT CONDITIONS CONTRIBUTING 196 CONDITION FOR W 196 CONDITION FOR W 107 CONDITION FOR W 108 CONDITION FOR W 108 CONDITION FOR W 109 CONDITION FOR W 1	COLORATH BUT NOT RELATED TO THE TER CALLEDTIA JAKEN J	200 AUTOPSY? 206 1F YES. YES NO YES	WER THE DINES USED THE THE NO
T. If Nem 21 is marked or Item 18 shows any injury, ar oth	PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY. OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (1) (2) as sow the deceased of	CANT CONDITIONS CONTRIBUTING 196 CONDITION FOR W 197 CONDITION FOR W 198 CONDITION FOR W	COLORATH BUT NOT RELATED TO THE TER CALLEDTIA JAKEN J	200 AUTOPSY? 206 TF YES, YES NO YES RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	WER PARTONNES USED ING CAULES OF DEATH? NO
IMPORTANT: If hem 21 is marked or them 18 shows any injury, or oth	PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (15 ETHER NOTIFY MEDICALE) 21d. INJURY OCCURRED WHILE NOTIFY MEDICALE 22a. Certify that (1) (1) (1) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	CANT CONDITIONS CONTRIBUTING 196 CONDITION FOR W 196 CONDITION FOR W 196 CONDITION FOR W 196 CONDITION FOR W 197 CONDITION FOR W 198 CONDITION FOR W	COLORATH BUT NOT RELATED TO THE TER CALLENTIA JAKA JAKA PHICH OPERATION WAS PERFORMED 19 216. HOW INJURY OCCU STREET 19 217. ond that in (my) (Colorido PHYSICIAN 226. ADDRESS 1/32. M. K.	200 AUTOPSY? 200 AUTOPSY? 200 AUTOPSY? 200 AUTOPSY? 200 AF YES, IN CERTIFY YES RRED (ENTER NATURE OF INJURY IN ITEM 18 PA CITY OR TOWN A death occurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	WER INDINES USED ING CAUSES OF DEATH? NO TRITION PART? COUNTY STATE Mond from the couses stated
IMPORTANT: If them 21 is marked or them 18 shows any injury, or oth	PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE) 210. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (I) (1) 12 Sow the deceased of obove, (I) 12 22b. SIGNATURE	CANT CONDITIONS CONTRIBUTING 196 CONDITION FOR W 196 CONDITION FOR W 196 CONDITION FOR W 196 CONDITION FOR W 197 CONDITION FOR W 198 CONDITION FOR W	COLORATH BUT NOT RELATED TO THE TER COLORATION WAS PERFORMED H DAY YEAR 19 21t LOCATION STREET 19 OFFICE, FARM, ETC.) DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? 200 AUTOPSY? YES NO YES RRED (ENTER NATURE OF INJURY IN ITEM 18 PA CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN	WER INDINES USED ING CAUSES OF DEATH? NO THE COUNTY STATE 9

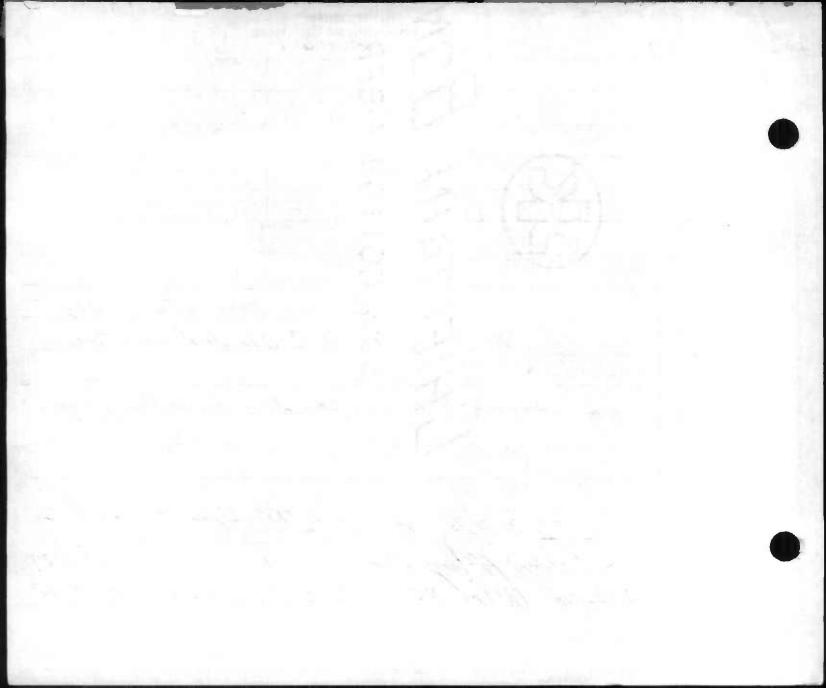
Balto. Md.

State Anatomy Board

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and ci should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, the

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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8	REG. NO.		

7	25	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR								
		CEASED NAME	FIRST	**	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
		Ern	est		Mundy, Sr			April 2		8:08pm
	3 SEX			4. RACE		5. DATE (6 AGE (IN YEARS LAST B	MONTHS DAY	
		Male		White			h 16, 1908		79 YRS	
3		RTHPLACE (STATE OR F	FOREIGN	76 CITIZEN OF	•A•	MARRIE	D NEVER MARRIED		or County of DEATH	MD
100	J0 CI	OSSVILLE 2		(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	TION 12b. KIND OF WORKING LIFE! INDUSTR	OF BUSINESS OR
	130 S Ma	AL RESIDENCE (IF NURS STATE Aryland	13b COUN Balt	other institution NTY imore	136. CITY OR TOW Chase		13d. INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS 12628 Eas		1220
5	14 FA	ATHER'S NAME	David	MUIDDLE MUI	ndy LAST		15. MOTHER'S MAIDEN N. FIRST Sarah	Fisher	c	RAST
	16a V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADD	RESS	
	1	.VO	-	-	218 01 8	387	Catherine Mu	undy, (wife		OXIMATE/INTERVAL IN ONSIT AND DEATH
	ITION	Conditions, if ony, gave rise to imr cause (o1) static underlying cause PART 2 OTHER SIGN 190 DATE OF OPERA	nediate ng the lost.	CONDITIONS C		DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN IN PART	
1	CERTIFICATION	140 DATE OF OPERA	IION	170 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	YES NO	IN CERTIFYING CAUSE	
)	AL CER	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DE	1111		AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN.	JURY IN ITEM 18 PART 1 OR PART 2	
	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN COUNTY	STATE
		22a. I certify that (1) sow the decease above, VI (We) (1	ed alive and	yew the bod		36		n death accurred on the	22c. DA	that (1) (wellast he causes stated
	22	DO UL	5 50	EME	NOF-		210 8 OREM	4918 B	ACTADA	0557
,		Burial, CREMATION, Burial	KEMOVAL	23b. DATE 4/28			r Meth. Ch. C	emetery Bal		
(UNERA DIRECTOR	Fune	al Home	PA 1408	01d	Eastern Ave A		R 25h REGISTRAR'S SIGN	Rudue

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	1.	STATE REGISTRAR			DEPA		ICATE OF DEAL		RF	0, 1	3 4	
2 100 1		CEASED NAME	FIRST		MIDDLE		LAST	20	DATE OF DEA	TH MONTH C	AY YEAR	26 HOUR
SE ALL	3 6	DR PRINT)	wrence	е	T.	Mye	rs		April 8	3, 1987		M
d a	3. SE	X		4 RACE		5. DATE C			GE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
o o o	М	ale		Whit	te	Fe	bruary 18	YEAR 1980	57	YRS.	ONTHS DATS	HOURS MIN
-	7a B	IRTHPLACE (STATE OR	OREIGN	7b. CITIZEN OF	WHAT COUNTR	RY? 8.	_	9 E		TY OR COUNTY	OF DEATH	
35		arvland		USA		WIDOWE	D NEVER MARR		Baltimo	ore Count	.v	
NO A		ITY OR TOWN OF DEA	ATH .	11. NAME OF I		SING HOME	OR OTHER INSTITUT		USUAL OCCU		-	MD. OF BUSINESS OR
		undalk		200 Pa	arkwood	Road			Checker		Beth.	Steel
2	130. 3	AL RESIDENCE (IF NURS STATE arvland	136 COUN		136 CITY OR TO	NWC	13d. INSIDE CITY LI	IMITS? 13e	SIKEEL ADDR	ESS / ZIP CODE Lrkwood l	Road	2122
10		ATHER'S NAME	- 0.2				15 MOTHER'S MA					
10		Joseph		W.	Myer	S	Anna	l	MID		Kres	i'na
dicol		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT			DDRESS		
medi		Yes	Kor		217-24	4-2493	Ethel P	. Myer	s 200	Parkwood	Road	2122
#		18 CAUSE OF DEAT	H (Enter pnl	y one couse per	line for (gu (b),	ond #					BETWEEN	IMATE INTERVAL ONSET AND DEATH
any injury, or	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO T		L DISEASE OR	20b. IF YES	WERE FINDIN	NGS USED
show 1	E								res 🗌 NO	☐ YES		NO 🗆
ed or Item 18 s	MEDICAL CE	21a, ACCIDENT WAS UNE OR CONTRIBUTING (FEITHER NOTIFY MEDI 21d INJURY OCCUR! WHILE NOT WAS AT WORK AT WO	CAUSE OF DEA CALEXAMINER	P. 21e PLACE	м. монтн м.	19	216. HOW INJURY 216 LOCATION STREET	OCCURRED		FINJURY IN ITEM 18 PI	COUNTY	STATE
A LOCA				all asserted sh			1					.1
		sow the decease above, (1) (we) (c	ed plive on.		19		nd that in (my) (aur)		h occurred on			that (I) (we) last causes stated
E		226 SIGNATURE	na (ala no)	New Me body	oner deam.		DEGREE				22c. DATE	SIGNED
=		MI	0	9	t. mo				EDICAL RECTOR PI	STAFF	4/0	7/47
Z T		226 PHYSICIAN'S NA	AME (TYPE OF	R PRINT)			22e ADDRESS	NCIAIT [] U	KECTOK [] 11	IT SICIAIT 🔲	3011	timore,
IMPORT		Mohammad	1 TAD	i, M.D.			1576 Ma	with	Blud.	St. 23	MA	2.12.22
MP Od M		BURIAL, CREMATION,	•	23b. DATE 4-11-		Oak La	EMETERY OR CREM		Baltimo	ore Mary		STATE
	24. F	UNERAL DIRECTOPU	da-Ru	ck Fune	ral Home					TRAR 256. REGISTI		TURE
OM 7/84		NAME 79	22 Wi	se Ave.	Dunda.	lk MD 2	1222	ADD	1 0 198		Teridon-	
.,								1.74.	10130	Marrie (

Item #13e G 626 4/15/ 87 cw STATE OF MARYLAND

J. J.

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07/84 25M

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

9.3 66.6		REGISTRAR		MI	EDICAL EXAMI	NER'S CER	TIFICATE O	FDEATH ()	REG. NO. 5		
		CEASED NAM	E FIRS		WIDDLE	LAST		20. DATE KI	NOWN XX MONTH	DAY YEAR	25 HOUR
国名は長門			Rob	ert Theo	dore	Naza	renus	DEATH A	ATED 4-5	19 87	M
多异生支票	3. SE)	(4. RACE	5. DATE OF BIRTH	6. AGE (IN		DAYS HOURS		MONTH	DAY YEAR	3 HOUR
SA COURT	N	1ale	White	May 18,	1910 76	YRS. MONTHS	DAYS	MIN PRONOUNC DEAD	4-5	19 87	p. M
NATED A		RTHPLACE (S	TATE OR	76. CITIZEN OF V	VHAT COUNTRY?	8. MARRIED	XX NEVER MARRI	FD 9 BALTIMO	RE CITY OR COUNT	Y OF DEATH	
DASE TO	N	iarylan		U.S.	Α.	WIDOWED			more Coun	ty,	MD.
SARAN A	10. C	TY OR TOWN	OF DEATH		SPITAL, NURSING HOP		NSTITUTION	12a USUAL OCCUPA		OR INDUSTR	SINESS
BOATC C		Relay		Washin	gton Blvd.	at Howa	rd Co.	Foreman		Koppers	
S S S S S S S S S S S S S S S S S S S		L RESIDENCE	(IF IN NURSING HO		GIVE RESIDENCE BEFORE ADMIS		Line	13e STREET ADDRESS			
表別を		iary lan	d Bal	timore	Lansdowne		ES NOXX		e Avenue	21227	
エニングラファ	14. F/	ATHER'S NAM	E	WIDDLE	TAST	. 15.	MOTHER'S MAIDE			LAST	
SA PES		Albert			Nazarenu	s	Ma	ry		Muller	
PAR I	16a V	VAS DECEASE		ARMED FORCES?	16b. SOCIAL SECUR	ITY NO. 17.	INFORMANT		301 Clyd		
A Sich A		0			212-09-8	789	David L.	Nazarenus	Lansdown	a.MD.217	2.2.7
200		18 CAUSE C	F DEATH (Ente	r anly ane couse per lin	ne for (a), (b), and (c).)					APPROXIMATE BETWEEN ONSET	EINTERVAL
AL. AL.	-	PARITO	ATH WAS CAI	DIATE CAUSE (a) MI	ultiple Inj	uries					
ITHIN 24 INE VICE ALON ANSIT PER ALON ANSIT PER ALON AL HYGIE REMOVA	/	010	XU		R AS A CONSEQUENCE	E OF					
MER NER SANS			ns, if ony, wi se to immed								
PENCENTE AMILY TRANSPORTED TO SENTE		cause (a lying co) stating the <u>uni</u>	DUE TO, O	R AS A CONSEQUENCE	E OF					
D BE EXECUTED SENDING: IN I SENDING: IN I SENDING: IN I SENDING EXA AS A BURIAL AND MAITH AND MA				(c)							
EXECUING" I		PART 2 OTHER S	IGNIFICANT CONDIT	IONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION GIVEN IN PAI	RT 1 iai.			
PEDIC BE ENDING PEDIC PED AS A HEALTH	CERTIFICATION							:			
SED SED AL,	CAI	19a. DATE OF	OPERATION	19b. COND	ITION FOR WHICH OP	ERATION WAS F	PERFORMED?			20 AUTOPSY?	1
SHOUL WORD "P SE USED VI OF HI BURIAL,	RTIF									YES 🔀	NO 🗌
A THE WENT THE WENT TO		UNDERLYING	AL CAUSE WAS		dfinjury XXMonth day ye.	AR 21c. HOW	INJURY OCCURRE	D LENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)	
CERTIFICATE SP MITING THE WOR DED TO THE CI E 3 SHOULD BE E DEPARTMENT OF PRIOR TO BU	MEDICAL	CONTRIBUT	NG CAUSE	OF DEATH 4:12 P.		87 driv	er in aut	co/auto imp	pact		
CER DED DED DED DED DED	MED	21d. INJURY			OF INJURY (AT HOME, CTORY, FARM, ETC.)	211. LOCAT STREET		CITY OR TOWN	COU	NTY	STATE
E, WRIT RWARDE RWARDE PAGE 3 STATE D		AT WORK	NOT WHILE	AA	road	Wash	. Blvd. a	at Howard C	o. line,	Baltimo	re Co.
ATE.		22a I cert	fy that I taak cl	horge of the remains d	cribed above, held on	Autopig	XX Inspection	Inquiry	Mary	Land	
WE WATER		death result	ed from: N	latural causes	Acident XX	Suicio	Homicide .	Undetermined monr	ner .		
A SECOND		ACTUAL /	10000	11/1/	Annoth 1	11/1/11	ITLE (SPECIFY)				
KERE -		SIGNATURE	ulle	MI X	Buchou	mulus.	Assistant	MEDICAL EXAMIN	IER DATE	4-6-	87
S S S S S S S S S S S S S S S S S S S		EXAMINER'S	NAME		0 11 11 11		777	01 *	3.1.1	147 0	3001
PAGE PAGE APTER BATTER		(TYPE OR PRI	NT)		Smyth, M.D.		NESO	Penn St., E	saitimore,	Ma. Z	1201
EUSE KO	(5	PECIFY)	TION, REMOVA	1	23t. NAME OF C		REMATORY	23d. LOCATION CITY OR TOWN	COUNT		ATE
BP		urial	TOR	4/10/87	Loudon		126 - 22-	Baltimor		Maryl	Land
DHMH - 17					tzke Funera			A A 1007	A REGISTRAR'S SI	SNATURE	
(VR A15 ME (5))	1	630 Edi	nondson	Avenue . Car	tonsville.	MD. 212:	28 T APF	R 1 0 1987	Julia Dividas	m-Kandall	

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE REGISTRAR			ME	DICAL EXA	MINER'S	CERTIFI	GATE/O	FDEATH ()	REG NO.	3 1	1	
	CEASED NAME	E	FIRST		MIDDLE		LAST	-	Za. DATE K		MONTH	DAY YEAR	2b. HOUR
01	gorgan)	An	n		Duhon	Need	leman		OF DEATH	MATED	4	24 1987	10AN
1, SE)		4. RACE		5 DATE OF BIRTH		E (IN YEARS IF I		IF UNDER			MONTH	DAY YEAR	2 2d HOUR
F	emale	Whi	te	3-11-19		YRS.	NTHS DAYS	HOURS	MIN PRONOUNG	ED	4	24198	7/02 M
	RTHPLACE 13	ATE OF		76. CITIZEN OF W	HAT COUNTRY?	8. MAI	RRIED X NE	VER MARRI	9 BALTIMO	RE CITY OR	COUNT	Y OF DEATH	
	ennsylv	ania	1	USA			WED [DIVORC		4578 C	a sta	754	MD
	TY OR TOWN			11 NAME OF HO	SPITAL, NURSING	HOME, OR O	THER INSTITU	TION	12a. USUAL OCCUP		F WORK	126 KIND OF B	SUSINESS
Wo	oodlawn			7108 Res		OKE33)			Homemake		-		1101
	L RESIDENCE		SING HOME OR	OTHER INSTITUTION, G	IVE RESIDENCE BEFORE		Isa incide	CITY LIMITS?	13e STREET ADDRES	c			
	aryland	1	Balti		Woodlay		YES 🗌	XXON		-		212	07
14. F/	ATHER'S NAME			MIDDLE	LAST			ER'S MAIDE	N NAME	DUE		LAST	
m	LIK21	Jo	hn	Duh				Anna	MIL		nchu		
	VAS DECEASEI				166. SOCIAL SE	CURITY NO.	17 INFOR	MANT Ba	ltimore,	ADDRESS	MD	21207	
No		,	(IF TES, GIVE W	AR OR DATES!	208-16-	-4837			Needleman	7108	Rer	no Rd.	
	IB CAUSE O	F DEATH	1 (Enter anly	ane cause per line	e far (a), (b), and (c).)						APPROXIMA	TE INTERVAL
	PARTIDE	ATH WA	AS CAUSED	BY: CAUSE (a) AR	TeRioSe	LOROTIC	- CAR	Edio V	ASCULAR	Dise	SE	BETWEEN ONS	ICT AND DEATH
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		R AS A CONSEOU						-		
			ny, which immediate	(b)									
		stating	the <u>under</u> -	DUE TO, OF	AS A CONSEOU	ENCE OF	1						
	lying coo	ise iusi.		(c)									100
	PART 2 OTNER SI	GNIFICANT	CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL OISE	ASE OR CONDITIO	ON GIVEN IN PAI	RT 1 (a).	V (2)			
O N	200	,											
CAT	19a. DATE OF	OPERA:	TION	19b. CONDI	ITION FOR WHICH	OPERATION	WAS PERFOR	RMED?				20 AUTOPS	Y?
E		. 10										YES 🗌	NO [
CER	21a. EXTERNA	-		216 TIME O	F INJURY	YEAR 21c.	HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	IT I OR PAR	T 2)	
CAL	UNDERLYING CONTRIBUTI	VG C	AUSE OF D	EATH P.A	Α.	19							
MEDICAL CERTIFICATION	21d. INJURY C				OF INJURY (AT H	OME, 21f. I	OCATION STREET		CITY OR TOW		cou	INTY	STATE
5	AT WORK	NOT	ORK				51110		CITORION		COOL	NII	SIAIE
	22a Learti	fy that L	taak charae	af the remains de	scribed above hel	dan Aut	apsy [],	Inspection	n Inquiry	and	ın my apı	10100	
	death results	///	,	l couses	Accident .	Suicide [Hami		Undetermined mar		ii iiiy upi	man	
	Count to some	1/4	In:	1 4	Accident 2,	Dorcide L		SPECIFY)	Onderermined mar				
	ACTUAL SIGNATURE	10	11 11	wan	Bon!		MD DO	PUTY	MEDICAL EXAMI	NED	DATE	4/25	187
			- /	7 1311	1 + 0			/_/		I VER	SIGNATE		
	(TYPE OR PRI		F-12	- W 11/	1Ams0	NA	_ADDRESS_	555	0 6949	AAT.	161	PK 2/2	128
23a.B	URIAL, CREMA	TION, RE	MOVAL 23	b. DATE	23c. NAME	OF CEMETERY	OR CREMAT	ORY	23d. LOCATION		COUNT	TY	STATE
	Bu	rial		-28-87		ant Vie			Red Stone		Faye	ette P	enn.
24 F	UNERAL DIREC	TORT	ring	Rvore Fir	neral Di-	ractors	Inc	25a. DATE F	REC'D. BY REGISTRAR	2-W-RECIST	RARIE CI	CNATURE	

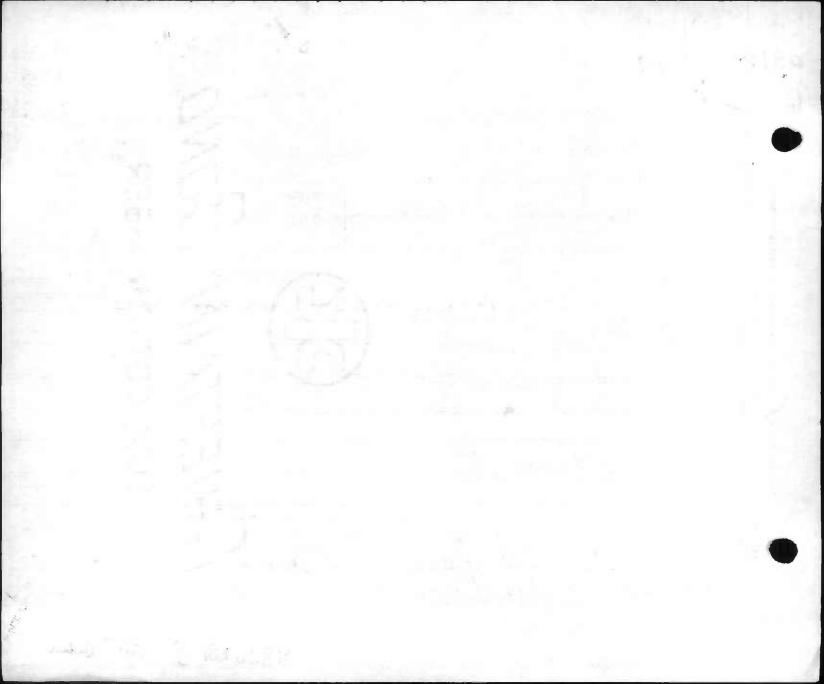
DHMH - 17

07/84 25M

(VR A15 ME (5))

8728 Liberty Rd. Randallstown, MD 21133

APR 2 8 1987 Julia Scrider Rubes



by the offending physic

160

STATE OF MARYLAND

FOR - STATE REGISTRAR			DEPARTM		ICATE OF	MENTAL HY	GIENE	REG	0.	3	6	
ECEASED NAME	FIRST	۸	VIDDLE	l	AST		20. DATE	OF DEATH	MONTH	DAY	YEAR 2	b. HOUR D
Sis	ter	Mary Aug	ustine Ne	ee				•	4	25	87	5:00 ^m
EX		4 RACE		5. DATE C			6 AGE (II	YEARS LAST I	BIRTHDAY]		N. I. I E PAIN	IF UNDER 24 HRS
Female		Whi	te	MONTH		1 10		76	YRS	MONTHS	DAYS	HOURS MIN,
BIRTHPLACE (STATE OR FO		76. CITIZEN OF	VHAT COUNTRY?	8	a D NEVE	R MARRIED X	9 BALTIMORE CITY OR COUNTY OF DEATH					
Pennsylvani	a	U	SA	WIDOWE		DIVORCED	Baltimore County					
ITY OR TOWN OF DEAT	Н	(IF NOT IN SUC	OSPITAL, NURSIN	DDRESS)		ISTITUTION	TYPE OF W		OF WORKING		USTRY	BUSINESS OR
Baltimore		St.	Joseph Re	side	nce		Sc	cial	Work		Cath	n Sister
JAL RESIDENCE (IF NURSIN STATE MD	13b COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Haletho	١	13d INSIDE	CITY LIMITS?			zip co Le Ave		27	
ATHER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	ME	WIDDLE			LAST	
Coleman		771000	Nee			Nora		MIDDLE				pkins
WAS DECEASED EVER I			16b SOCIAL SECU	RITY NO.	17 INFORA	MANT		ADD	RESS			
(yes. no or unknown) No	(IF TES, GI	VE WAR OR DATES)	195-10-3	363	Sr.	Mary Re	egina	Long	4100	Map1	e Ave	e 21227
18 CAUSE OF DEATH PART I. DEATH WA	S CAUS	Em DV	cute Ren	4 6	tilure	2					APPROXIMI BETWEEN ON	ATE INTERVAL ISET AND DEATH
Conditions, if ony, gove rise to imm couse (o), stating underlying couse	ediote	DUE TO OF	AS A CONSEQUE as A CONSEQUE ACUTE	NCF OF			tion					-62

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

FICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUT	OPSY?		ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH?		
E				YES _	NO	YES [NO 🗌	
AL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRE	D (ENTERN	ature of injur	Y IN ITEM 18 PART	OR PART 2)		
MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	214 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE	
	220. I certify that (I) this hospital) sow the deceased alive on obout 1) (we) (aid) (aid god) vi	ottended the deceased from 4/25 19.87 on lew the body after death.	d that in (my) (our) opinion de		4/2.			that (1) (we) los couses stated	
	27b. SIGING	255	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F IAN []	22c. DATE	SIGNED	
	22d. PHYSICIAN'S NAME (TYPE OF PR	INT)	22e ADDRESS			3112	-		
	A. Alan Reisi	nger, MD	5411 Old Free	deric	k Road	#7 Ba	lto M	D 21229	

23c. NAME OF CEMETERY OR CREMATORY

Calvary

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

should be detoched for with the State Dept. o IMPORTANT: If Item 2

23a. BURIAL, CREMATION, REMOVAL

Burial

24. FUNERAL DIRECTOR George Gonce 4001 Ritchie Hwy Balto MD

4-29-87

23b. DATE

23d LOCATION CONSTITUTION CONSTITUTION PAR 23d LOCATION CONSTITUTION PAR 23d LOCATION PAR 2



eral director, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

S	3	
DAY	YEAR	2b. HOUR
7		7:51
	OAY	

0	/1-	FOR STATE REGISTRAR			DEPART		HEALTH AND MENTAL HY	GIENE RE O	10.1 3	3		
		CEASED NAME OR PRINT)	FIRST		WIDOLE		LASI	20. DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR	_
Н			Aı	nthony		Ne	rkiewicz	April 18	, 1987		7:51	M
	3. SE)	Male		White			OF BIRTH 13,01921YEAR	6. AGE (IN YEARS LAST BI		UNDER TYEAR	HOURS MIN	_
)	B	RITHPLACE (STATE OR F	Md.	76. CITIZEN OF USA	WHAT COUNTRY?	8 MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY O				AD.
7	-	TY OR TOWN OF DEA		Frankt	HOSPITAL, NURSIN	Spita	OR OTHER INSTITUTION	12a USUAL OCCUPAT			of Business o	R
)	13 M	AL RESIDENCE (IF NURS ATYLAND		timore	, GIVE RESIDENCE BEFORE 13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE I rk's Pt	t. Rd.	21220)
1	Y A	THER'S NAME Casim	ir Ne	rkiewic	Z. tast		15 MOTHER'S MAIDEN NA	Knalički		LAS	51	
		VAS DECEASED EVER		MED FORCES? Swar OR DATES)	220 03 1		Dorothy M. N	ADDR Verkiewicz,		Sam	ne ne	
		18 CAUSE OF DEAT PART 1. DEATH W	'AS CAUSE	D BY: TE CAUSE (o)		Clen	divicane	7		APPROX BETWEEN	imate interval Onset and death	_
		Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediate ig the lost.	(b) DUE TO, O	R AS A CONSEQUI	ENCE OF	oundied in					_
>	CERTIFICATION	19a DATE OF OPERA					T NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS USED	_
7	TIFIC			ARTO PARTY				YES NO	YES		NO [
		OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEA		DE INJURY M. MONTH D. M.	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	1 OR PART 2)		
	MEDICAL	21d INJURY OCCURE	ILE 🗍	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE	
		22a f certify that (1) sow the decease	ed alive on		19_		nd that in (my) (our) apinion	, to, to death accurred on the d			that (I) (we) lo	st
		22b. SIGNATURE	110	i all	-		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22t. DATE	SIGNED	
1		22d. PHYSICIAN'S NA	ME (TYPE O	Pice (4		780 145	de No	Suil	300	Tow sen	204
	23a, B	URIAL, CREMATION,	REMOVAL	234 DATE 4/2			CEMETERY OR CREMATORY	23d LOCATION	re Co-	COUNTY	STATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event.

Emeral

1407

Home DA

Old Eastern Ave APR 21 1987 Julia Dender Pades

21221

ISLI SI pero servi .21 , - 0-1-1 Contract .- Affanor Team ellivsion x Sect Care to an elect hottunk seal Wall 720 72 1787 Concton M. Darkinstot, File Care A CONTRACTOR OF THE PARTY OF TH

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STATE OF MARYLAND

IENE		
	- 1	RECON

1	REO	10.	3	7	
OF F)FATH	MONTH	DAY	YEAR	21.

R	(J 6	FOR STATE REGISTRAR			DEPARTN		FICATE OF DEASH	I REQU	0.	3 9	
		CEASED NAME	lie _		eresa	N	evin	20. DATE OF DEATH	MONTH # - 12	-87	3:35
	3. SE	× Female	4	RACE Whi	te	5. DATE O		6. AGE (IN YEARS LAST BIR	YRS.	MONTHS DAYS	IF UNDER 24 HRS
34	M	RTHPLACE (STATE OR FO		US		WIDOWE		Baltimore city of Baltimore	e Cour	nty, Ma	
0	1	Towson	9	Stella I	Maris Hos	pice	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Practical N	OF WORKING LIF		f BUSINESS O
5	13a. S Ma	aryland	136. COUNTY Baltin	1	136 CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 2300 Dulan	zip code	alley Ro	ad,212
30		Ernest		DDLE	Nevin		15. MOTHER'S MAIDEN NA	K.		Raffe	erty
medico		VAS DECEASED EVER I YES, NO OR UNKNOWN) NO	(IF YES, GIVE W		166. SOCIAL SECU 218-18-8		Lawrence B.	Scally, 8901		ford Rd	. Balto
, con ,		18. CAUSE OF DEATH PART I. DEATH WA	H (Enter only) AS CAUSED E IMMEDIATE (CAR CIA	OMI	Maryland 212 A OF L	VER		BETWEEN	MATE INTERVAL ONSET AND DEATH
) COULDING I		Conditions, if ony,	nediote	(b)_	DR AS A CONSEQUE						
injury, or officer froundfice	NOI	gove rise to imm couse (a), stating underlying couse	nediate g the lost.	(b)	PR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	ninal disease or con	IDITION GIV	EN IN PART 116	01
	TIFICATION	gove rise to imm couse (a), stating underlying couse	nediate g the lost.	(b) DUE TO, CO	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM ON WAS PERFORMED	AINAL DISEASE OR CON 200 AUTOPSY? YES NO X	20b. IF YES	S, WERE FINDIN	GS USED
Some soly injury, or other troumoire of	CAL CERTIFICATION	gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN	DEFICIENT CO	DUE TO, CO (c) NDITIONS C 196 COND 216. TIME C HOUR A	OR AS A CONSEQUE	NCE OF	ON WAS PERFORMED	200 AUTOPSÝ? YES □ NO 🎗	20b. IF YES IN CERTIF	S, WERE FINDIN FYING CAUSES SS	IGS USED OF DEATH?
	MEDICAL CERTIFICATION	gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C	IFICANT CO	DUE TO, CO (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	OR AS A CONSEQUE ONTRIBUTING TO E OTTION FOR WHICH OF INJURY .M. MONTH OF INJURY	OPERATIO YEAR 19 ARM. ETC.)	216. HOW INJURY OCCURI	200 AUTOPSÝ? YES □ NO 🎗	20b. IF YES IN CERTIF YE	S, WERE FINDIN FYING CAUSES SS	IGS USED OF DEATH?
	_	gove rise to imm cause (o), stating underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFE LIHER. NOTIFY MEDIC 21d. INJURY OCCUPATION OF COMMENT OF COMMENT.	INTERPRETATION INTERPRETATION	DUE TO, CO (c) 19b. COND 19b. COND 21b. TIME COND 21e. PLACE (AT HOME, ST	OR AS A CONSEQUE ONTRIBUTING TO E ONTRIBUTING TO E	OPERATIO YEAR 19 ARM. ETC.)	216. HOW INJURY OCCURI	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES IN CERTIF YE JRY IN ITEM IB. F	S, WERE FINDIN TYING CAUSES S PART OR PART 2) COUNTY	IGS USED OF DEATH? NO STATE
flem ZI is morked or flem	_	gove rise to imm cause (a), sataing underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFE EITHER, NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC 27a. I certify that (I) sow the decease obove, (I) (we) (d 22b. SIGNATURE	RECIONAL STATE OF THE PROPERTY	DUE TO, CO (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	OR AS A CONSEQUE ONTRIBUTING TO E ONTRIBUTING TO E	OPERATIO YEAR 19 ARM. ETC.)	216. HOW INJURY OCCURI	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES IN CERTIF YE IN ITEM IB F	S, WERE FINDIN TYING CAUSES S PART OR PART 2) COUNTY	AGS USED OF DEATH? NO STATE that (h) (we) lo couses stated
flem ZI is morked or flem	_	gove rise to imm cause (o), stating underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COLUMN CIFETIMER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORK 270. I certify that (1) sow the decesse obove, (1) (we) (d)	INTERPRETATION INTERPRETATION	DUE TO, CO (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	OR AS A CONSEQUE ONTRIBUTING TO E ONTRIBUTING TO E	OPERATIO YEAR 19 ARM. ETC.)	21t. HOW INJURY OCCURION STREET 21t. LOCATION STREET and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO ERED (ENTER NATURE OF INJU CITY OR TO death occurred on the death	IN CERTIFY YE IN CERTIFY AND ITEM 18 F	COUNTY	IGS USED OF DEATH? NO STATE
IMPORTANI: If Item 21 is morked or Item	WEDICAL	gove rise to imm cause (a), sataing underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFE EITHER, NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC 27a. I certify that (I) sow the decease obove, (I) (we) (d 22b. SIGNATURE	INTERPRETATION INTERPRETATION	DUE TO, CO (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	OR AS A CONSEQUE ONTRIBUTING TO E ONTRIBUTING TO E	OPERATIO YEAR 19 ARM. ETC.)	21t. HOW INJURY OCCURION STREET 21t. LOCATION STREET and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO death occurred on the d MEDICAL STA DIRECTOR PHYSIC 23d. LOCATION CITY OR TOWN	IN CERTIFY YE IN CERTIFY IN ITEM IB F	COUNTY S. WERE FINDING CAUSES COUNTY 19 22. DATE 4	STATE that (I) (we) locauses stated SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

4/15

- 1 A9A

filled in by the funeral director, page 3 ould be filed within 72 haurs ofter death

death. Page 4 may be

STATE	OF.	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	9

1	FOR STATE REGISTRAR				EALTH AND MENTAL HYG	IENE REG.	NO. 6	40	
	CEASED NAME FIRE E OR PRINT) Marga		Elizabet	h	Nevins	20 DATE OF DEATH April	4 19	87	2b. HOUR
3. SE	Female	4 RACE Whit	e	5. DATE O	ch 23 1917	6. AGE (IN YEARS LAST B	YRS	MONTHS DAYS	IF UNDER 24 HRS
	RTHPLACE (STATE OR FOREK COUNTRY) Maryland	US		WIDOWE		Baltimore City Baltimo	re Co		MD.
В	altimore	10233	Philade	Îphi	R OTHER INSTITUTION a Road	120, USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEW1	F WORKING LIF	126 KIND OI INDUSTRY	F BUSINESS OR
13a.		ome or other institution. COUNTY Balto.	130. CITY OR TOWN Balto.	(DMISSION)	13d. INSIDE CITY LIMITS? YES NO	13° STREET ADDRESS	íľade	lphiaR	oad2123
14. F	ATHER'S NAME FIRST ===	MIDDLE	= LAST		15. MOTHER'S MAIDEN NA/	WE		ASI	Ī
	WAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	213-16-		Joseph Nev	vinsl0233		delphi	aRd.
CERTIFICATION	PART 2 OTHER SIGNIFIC	DUE TO, OI ANT CONDITIONS CO 19b. CONDI	R AS A CONSEQUEN	NCE OF	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES	S, WERE FINDIN YING CAUSES S	NGS USED
MEDICAL CEI	IN THIS ICIAN'S NAME	AMINER P. 21e PLACE (AT HOME STE AT HE AT HOME STE AT	M. MONTH DAY M. DE INJURY EET, FACTORY, OFFICE, FAI deceased fram	19 RM, ETC.)	22e ADDRESS	to the death accurred on the	OWN date and hau	COUNTY	
	BURIAL, CREMATION, REM (SPECIFY) Burial	OVAL 23b. DATE			I EMETERY OR CREMATORY illCemetery	23d. LOCATION	iver	Balto.	Md. TATE

DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the hospital or attending physicion

MPORTANT; If Item 21 is marked ar Item 18 shows any injury, or ather troumotic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician aloud a should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

> 24 FUNERAL DIRECTOR ADDRESS

APR - 7 1987 Julia Dender Company

ConnellyFuneralHome 300MaceAve

many the party

STATE OF MARYLAND

- 6	15 1	
	DE ONO	don

01	9856 APR	-9	FOR STATE REGISTRAR			DEP	ARTMENT OF	HEALTH AND	MENTAL HYG	10	14		
51	/		CEASED NAME	FIRST		MIDDLE		LAST	0 /	20 DATE OF DEATH		YEAR 8 726	110110
1	pt 3		E OR PRINT)	JAMES		EVERE'		NEWTO	ON	M DATE OF DEATH	4-3.	87	L2:05AM
	may be page :	3. SE	x		4. RACE		5. DATE	OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	RIYEAR IF	UNDER 24 HRS.
	ge 4 r	MA	LE		WHI	TE	MARC	H 20,	1897	90	MONTHS YRS	DAYS H	OURS MIN.
	Pa juga	7a. B	IRTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8.	_	R MARRIED	9 BALTIMORE CITY C		ATH	
	nero na 72	N	ORTH CAROL	INA	U	.S.A.	WIDOW		DIVORCED	BALT	IMORE COU	NTY	MD.
_	offer d	1	ATONSVILLE		(IF NOT IN SU	HOSPITAL, NI CHEACILITY, GIVE IELLOR	URSING HOME		ISTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST C MACHINIST	OF WORKING LIFE) IND	USTRY GI	USINESS OR ENN L.
120	oe fill	บรบ	AL RESIDENCE (IF NURS							TENONIENTEL	. [M#	RTIN	
MARYLAND 2120	7 Page of h	130	STATE	136 COUN	ITY	13c. CITY OR	TOWN	_		13e STREET ADDRESS			1000
TA	Pio Sp. fr.	_	ATHER'S NAME	BAL	TIMORE	CATO	NSVILLE	YES _	NO XX		LOR AVENU	JE 2	1228
AR		N	FIRST		MIDDLE	LAS		13.7401112	FIRST	MIDDLE		LAST	, ,
	5 5 5	160	JULIU WAS DECEASED EVER		MED FORCES?	NEW'	SECURITY NO.	17 INFORM	ANNIE	ADDRI	ss 2.12	28	(unknow
BALTIMORE,	ond Poges		YES, NO OR UNKNOWN)		E WAR OR DATES)		03-8568		RES SPY		120 MĒLĪ CATONSVI		ENUE MD.
BALT	ote b sicio pers rol.		18 CAUSE OF DEAT	H (Enter on	ly one couse pe	r line far (a)	b), and (c).)	,	11	7.1			E INTERVAL ET AND DEATH
ST., E	phy onpo emov		PART I. DEATH W		D BY: E CAUSE (0)	6	may	two /	Leo-C.	Palm	4	f yes	
	th ce corbing or re				DUE TO, C	RAPACONS	SEQÜENCE OF	4.	11 0	0 -	.10	16.	
PRESTON	dear atten		Conditions, if ony,		((b) C	ine	unde	we 1	Jean J	wish c	019	y yr.	2
₹	hat the by the ase rem il, crema		gave rise ta imr couse (a), statin underlying couse	ng the	DUE TO, C	R AS A CONS	SECULIVE OF	Muy	mark	A guland	6		
IDS, 201	quires to signed the ple to burion njury, or	Z	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BU	NOT RELATI	ED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN I	PART IIO	
DIVISION OF VITAL RECORDS,	n. nos beer permit. ne prior	CERTIFICATION	190. DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERI	ORMED	200 AUTOPSY?	206. IF YES, WERE	AUSES OF	DEATH?
IA	N: Thy ysicio cate h ansit Hygie	# 1	21a. ACCIDENT WAS UNI	DERLYING	216. TIME C	OF INJURY		21c HOW	INJURY OCCURE	YES NO	YES T		40 🗌
N-Y-C	Phy	1	OR CONTRIBUTING		119		DAY YEAR						
NO	ding ding burners were	MEDICAL	21d INJURY OCCUR			OF INJURY	19	21f LOCA	NON				
IVISI	ING Practical After that as the as the arked ark	ME	WHILE NOT WE AT WO	HILE	(AT HOME, ST	REET, FACTORY, O	FFICE, FARM, ETC)	STRI	EET	CITY OR TO	WN CO	YINL	STATE
۵	African Se p		22a.1 certify that (1)		tal) attended th	ne deceased f	ram	- 28	1983		7 198	, that	t (I) (we) last
	pital pital TOR for u		saw the decease obove, (1) (we) (c	ed alive an	1-1	7		nd that in (m	y) (eur) apinion (death occurred an the d	ate and hour and f	am the cou	ses stated
	OR AT bolikeCT ched for Dept. of	1	226. SIGNATURE	/ / /		One debin.	17 .	DEGREE				DATE SIG	
	Te of T		74	19	- orves	10	In m.	_		MEDICAL STA	FF IAN	4.3.	47
	HOSPIT, ined by Uld be dollar the Sto		22d. PHYSICIAN'S NA					22e ADDR	St. Ag	nes Medical	Center	Sui	te 208
	TO HOSE strained with the IMPORT		KYLE Y.			MD			WILKEN	S AVENUE, BA	LTIMORE,	MD.	
		23a.	BURIAL, CREMATION,	REMOVAL		10-	23c NAME OF C			23d. LOCATION CITY OR TOWN	COUN	ſΥ	RYT.AND
	RP	1	BURIAL		4/6	/87	RALTIMO	RE NAT	IONAL.	BAT.TTM(ORE	MA	RYT.AND

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR
LEROY M. & RUSSELL C. WITZKE MPUNERAL HOMES P.A.
1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228

APR - 7 1887 ALLA DATE SECTION OF SECTION OF

. 6

STATE OF MARYLAND

GIENE

	DEPARTMENT	r i	HŁA	TIM	AND	WENTAL	HYC
ſ	CERT		FIC	ATE	OF	DEATH	1

ŧ		18	2
5	REO. NO.	200	4

	STATE REGISTRAR BEF	RTHOLD	O. NIL	SEN	CERTI	FICATE OF DEATH	1	1 RQ	10.1	1 2		
	CEASED NAME	FIRST	,	MIDDLE		LAST	20. DA	E OF DEATH	MONTH	DAY 17 YE 78 7	2b. HOUR	-
{ITPE		THOLD	Oi	TUER	NIL	SEN	1	PRIL	1711	1987	10:400	M
3. SE)			RACE		5. DATE			(IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
	MALE		WHITE	c	0	4-18-1917		69	YRS			
	RTHPLACE (STATE OR I	FOREIGN 76	CITIZEN OF	WHAT COUNTR	Y? 8 MARRII	ED NEVER MARRIED	9 BALT	IMORE CITY	OR COUNTY	OF DEATH		
	NEWJE	RSEY	U,S	CA	WIDOW	ED DIVORCED		BALTI	MOR	E COU	NTY M	D.
10 CI	TY OR TOWN OF DEA	ATH 11		HOSPITAL, NUR		OR OTHER INSTITUTION		UAL OCCUPATION WORK FOR MOST			Or BUSINESS OF	8
	BALTU		1 PARK	DRIVE	CATONS	VILLE 21228		NAGER			INGHOUSE	
	AL RESIDENCE (IF NURS	136. COUNTY		13c. CITY OR TO		1 134 INSIDE CITY LIMITS	? 13e.STR	EET ADDRESS	/ ZIP CODE			
MA	RYLAND	BALTI	MORE	CATONS	VILLE	YES NO	117	ARK	DRIV	E 21	228	
14. FA	THER'S NAME	MIC	DDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		LA	ST	
	OLIVER		Ρ.	NI	LSEN	ELSA				HEITMUI		
	VAS DECEASED EVER	IN U.S. ARME		16b SOCIAL SE	CURITY NO.	17. INFORMANT		ADDI	RESS			
	YES	1936-		138-14	-7381	EVELYN NIL	SEN 1	PARK D	RIVE B	ALTO. N		
	18 CAUSE OF DEAT			line for (o), (b),	ond (cs.)					APPRO) BETWEEN	ONSET AND DEATH	
	PART I. DEATH W	IMMEDIATE		h1	WER	FAILUR	E					
			DUE TO O	R AS A CONSEC	DUENCE OF							
	Conditions, if any		(b)_			1ZED CARCIN	OMAT	2120				
	gave rise to immediate couse (a), stating the DUE TO, OR AS A COMSCOUNCE OF											
	underlying cause	lost.	(c)_	C	0/01	sic ADEN	OCA	RCINO	mA			
-	PART 2 OTHER SIGI	VIFICANT CO	NDITIONS CO	ONTRIBUTING T	O DEATH BU	T NOT RELATED TO THE TI	ERMINAL DI	SEASE OR CO	VDITION GIV	EN IN PART 1	ia .	
CERTIFICATION									10 11 11			
I V	96. DATE OF OPERATION 196 CON			DITION FOR WHICH OPERATION WAS PERFORMED			20a	AUTOPSY?		S, WERE FINDI		
T I							YES		YE	رعوا	NO 🗌	
	218. ACCIDENT WAS UNI		216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCC	URRED (EN	TER NATURE OF INJ	URY IN ITEM IB	PART I OR PART 2)		
CAL	(IF EITHER, NOTIFY MEDI		P.	м.	19							
MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY	CE. FARM. ETC.)	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE	
1	AT WORK NOT WE	RK										
	22a.1 certify that (4)	(this hospital	l) ottended th	e deceased from	m ///	1RC11 20, 19 8	7, to.	Apr	44	19 87	that (A) (we) los	51
	sow the deceos obove, (I) (we) (ed olive on did) (did not) v	view the body	ofter deoth.	·, c	and that in (my) (aux) opin	ion death ac	curred on the	date and hou	or and from the	couses stated	
	22b. SIGNATURE	1.1	1 . 1	1		DEGREE				22c. DATE	SIGNED	
	Ber	13	Mus	ton	1	M. O ATTENDING		TOR PHYS	AFF ICIAN	HOL	1/18/1	987
	22d. PHYSICIAN'S N.	AME (TYPE OR P	RINT)			22e ADDRESS		. /		- 1	/	
	BER	TF.	Mo	RTON		STA	GNES	Ho	SPIT	146		
	SURIAL, CREMATION,	REMOVAL	23b. DATE	23	R NAME OF	CEMETERY OR CREMATO	DV 123d	LOCATION				
	SPECIFY)			1		CEMETER! ON CHEMATO	1 100			COLUMBIA	61.00	
	BURIAL		4-21-	87		TERS CEMETER		CITY OR TOWN	SWICK_	NEW JE	SEY	
24 FU	BURIAL INERAL DIRECTOR IRO¥MEM. & F			87		TERS CEMETER	Y NE	CITY OR TOWN			RSEY	- 1

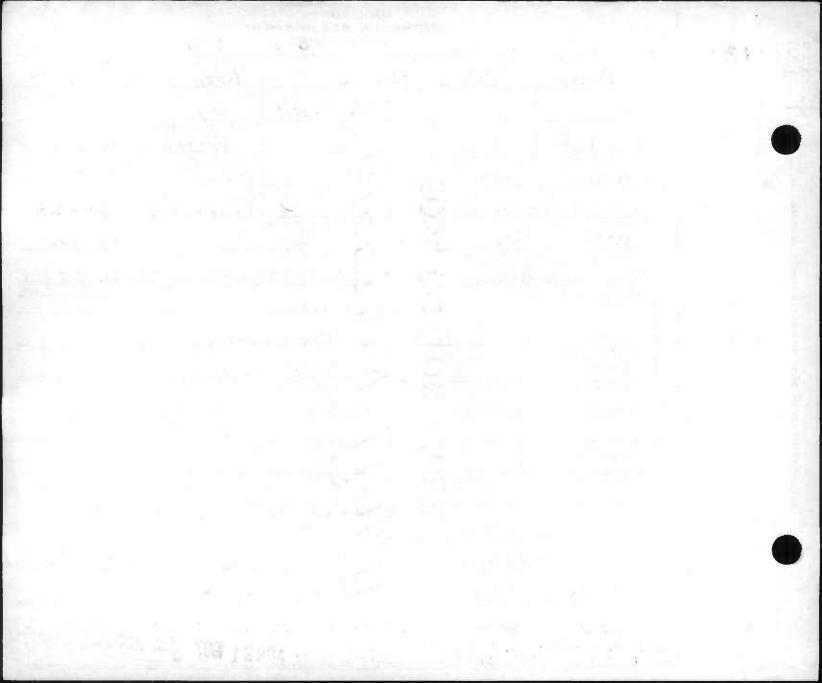
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, when the certificate has been togst should be detached for use as the burial feature prior to the with the State Dept. of Health and Mental Hyplans prior to the IMPORTANT: If hem 21 is may led or hem 18 shows only

TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the hospital or attending physician

BP.

FOR



ol director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	RED NO.	2	41	0

	1-	FOR STATE REGISTRAR		DEPARTM		ICATE OF DEATH	IENE REON	0. 1 41	3		
	1. DEC	OR PRINT)		LLA NOB		AST	20. DATE OF DEATH MONTH DAY YEAR 2b HOUR				
	3. SE>	(4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		INDER 1 YEAR IF UNDER 24 HRS THS DAYS HOURS MIN.		
		FEMALE	WHI		12	/12/1899	87	YRS.			
	0	RTHPLACE (STATE OR FORE OUNTRY) Ohio	U.S.A		WIDOWE		9. BALTIMORE CITY OF Baltimore				
S		TOWSON RE	(IF NOT IN SUC	JOSEPH	HOSP	PITAL	120 USUAL OCCUPATION OF WORK FOR MOST OF SUPERVISO	F WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY Red Cross		
1	13a. S	MD	HOME OR OTHER INSTITUTION DECOUNTY	GIVE RESIDENCE BEFORE A		13d INSIDE CITY LIMITS?	13e STREET ADDRESS . 4709 LON		N RD 1057		
7	Tì	THERS NAME NOMÁRS	Henry	Bulla		Abby Abby	WIDDLE		epherd		
	16a. W	VAS DECEASED EVER IN TES NOOR UNKNOWN) (1	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166. SOCIAL SECUR 244-54-		Zenaide N	oble, Dec				
		18 CAUSE OF DEATH (E PART I. DEATH WAS	Enter only one couse per CAUSED BY: MEDIATE CAUSE (0)	Carcio p	A . F				BETWEEN ONSET AND DEATH 25 WE WILL?		
			hich (b)	R AS A CONSEQUEN R AS A CONSEQUEN	NCE OF	0					
	TION	Hyperten	oun, Der	nunhik		NOT RELATED TO THE TERM					
2	CERTIFICATION	19a DATE OF OPERATIO	N 196 COND	ITION FOR WHICH C	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO		YERE FINDINGS USED IG CAUSES OF DEATH? NO		
No.		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E	SE OF DEATH HOUR A.	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	I OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FAR	RM ETC }	Puen notif	ed from ST. J	1 10	COUNTY 4/87 STATE		
-		22a. I certify that (I) (the sow the deceased a above. (I) (we) (did)		19	, or	nd that in (my) (our) apinion (death accurred on the de	. 19_ ate and hour an	, that (1) (we) last		
		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 24-6.87									
		22d. PHYSICIAN'S NAME AYE L	WIN- MI).		27e. ADDRESS 3421. Su	sect AIR		hvenix MD		
		URIAL, CREMATION, REASTERNATION		987 We	Stv.	emetery or crematory iew Cremato	23d LOCATION ry Baltime	ore Ci	ty, Maryland		
	24_FL	INERAL DIRECTOR		ADDRESS 3 C)8 H	igh St. 250 PA	REC'D. BY REGISTRAR	256. REGISTRAR	S SIGNATURE		

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physic should be detached for use as the buriol-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene prior to buriol, cremotion, or removal.

IMPORTANT: If Item 21 is morked or Item 38

Curran Funeral Home (VRA 15, 4)

Cambridge, Md.

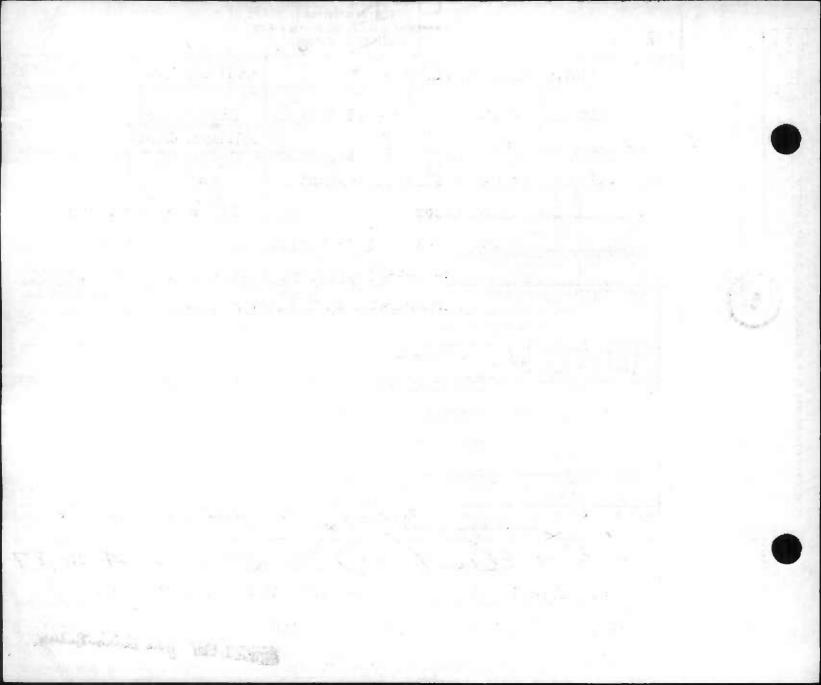
WLW TO 1981 Julia Devidson Pandage 4/20

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

i	13		11	1
-	REONO.	2	-3	-

	11	FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH							
		CEASED NAME OR PRINT)	Julia	Verna	NOPPING		AST		April 24,		AY YEAR	1:29P M
	3 SEX	(4. RACE		S. DATE C		rear	6. AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Fema:	le	Whit	e		15 1907		79	YRS.	DATS	HOURS MIN.
		RTHPLACE (STATE			WHAT COUNTRY	? 8	D NEVER MARR	IED 🗆	9 BALTIMORE CITY O			
0		laryland	d	USA		WIDOWE	DI DIVORO	CED 🔲	Baltimore	County	У	MD.
7	10. CI	TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSI	ING HOME C	OR OTHER INSTITUTI	ION	170. USUAL OCCUPAT			F BUSINESS OR
		Rossvil		Frank	lin Squ	lare l	Hospital		Housewi	-		
460B		AL RESIDENCE (IF)	13b COUN	OTHER INSTITUTION	136. CITY OR TO	RE ADMISSION)	1 13d. INSIDE CITY LI		13e.STREET ADDRESS	ZIP CODE		
2	M	Id.	Ba	ltimor	1		1	**	630Fran		ve.21	221
2	14. FA	THER'S NAME		WIDDLE	1AST		15. MOTHER'S MAI	IDENNAM			LAS	
	J	Toseph		_	epaniak	<	Kather	ine			drak	
1		VAS DECEASED EN		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRI	EŠS		
	(1	no	(IF 165, GI	AE WAR OR DATES!	213-74	4-353	RitaGr	ynki	leuicz203	N.Stu	artSt	.21221
		18 CAUSE OF DE	EATH (Enter at	nly ane cause pe	r line for (a), (b), a	ind ici.)						MATE INTERVAL ONSET AND DEATH
		I AKI I. DEAI		TE CAUSE (a)	Atheros	clerot	tic Cardio	ovasc	ular Diseas	se		
				DUE TO, O	R AS A CONSEQU	UENCE OF						
		Conditions, if		(b)_							_	
	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
		underlying co	iuse last.	(c)_								
	N	PART 2 OTHER S	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	THE TERMI	NAL DISEASE OR CON	DITION GIVE	EN IN PART 1	0.
+	CERTIFICATION	190 DATE OF OPERATION		19b. COND	196. CONDITION FOR WHICH OPERATION			D	20a AUTOPSY?		WERE FINDIN	
П	LIFIC								V		YING CAUSES OF DEATH?	
V	CER	210. ACCIDENT WAS	UNDERLYING [21c HOW INJURY	To HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR			ART 1 OR PART 2)	
7		OR CONTRIBUTING		A111	M. MONTH [M.	DAY YEAR						
	WEDICAL	21d. INJURY OCC		21e PLACE	OF INJURY		21f LOCATION		CITY OR TOWN		COUNTY STATE	
	ME	WHILE NO	WORK	(AT HOME, ST	TREET, FACTORY, OFFICE	FARM, ETC)	STREET		CITY OR TO	WN.	COUNTY	STATE
		220.1 certify that	t M (this hosp	ital) attended th	he deceased fram	March	28 , 19	87	10 April 2	4,	19.87	that 🌠 (we) last
		saw the dec	eased alive ar	April	after death.	87	nd that in 💓 (aur)	apinian d	leath accurred an the d	ate and haur	and from the	couses stated
		226. SIGNATURE	21		1	/	DEGREE				Jh. DATE	SIGNED
		/	10-1	1.66	well	1		IDING	MEDICAL STA		4/	24/87
7		22d. PHYSICIAN'S	S NAME (TYPE	OR PRINT)			17. ADDRESS					
		На	any Eln	ahal,	MD		9000 Fra	nklir	1 Square Dr	ive,	21237	
		BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		COUNTY	CTATE
	(Buria	1	4/28	8/87 (Garder	ns of Fa	ith	Rossvil	le Ba	lto. I	Maryland
	24 FL	JNERAL DIRECTO			ADDRESS			250. DATE	REC'D. BY REGISTRAR	25) REGIST	188 ALGUA	Card Alle
	C		yFuner	alHome	300Mag	ceAve	.21221		THE STREET	a ·		

DHMH - 16 60M 7/8 (VRA 15, 4)



			,	FOR item 5,	6, fi	llm g626	DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	TENE	,		
05	0400	TR	10	STATE REGISTRAR 4-2	20-87	I.J.			ICATE OF DEATH	REG. NO		2	
	nay be page 3	X		CEASED NAME OR PRINT)	Ethel	NORRI	WIDDLE	·	AST	April 14, 1		AY YEAR	7:40A M
	pag pag		3. SEX	(Lunci	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 24 HRS
	ge 4 n rector, urs afte		2	Female		Whit	te	WO NITH		-64-65	YRS.	ONTHS DAYS	HOURS MIN
	erol di	37	7a Bi	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	MARRIE WIDOWE	DINEVER MARRIED DINORCED	Baltimore C		OF DEATH	440
101	by the fun	De la	10. CI	TY OR TOWN OF DEA	тн	II. NAME OF	HOSPITAL, NURSING PROPERTY OF STREET A	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIFE	ON	12b. KIND O INDUSTRY	MD. F BUSINESS OR
AND 212	in 24 hour	21	13a. S	AL RESIDENCE (IF NURS TATE (aryland	176 COUN		Baltimor	N	13d. INSIDE CITY LIMITS? YES 🖾 NO 🗌	13e STREET ADDRESS / 118 W. 27t	ZIP CODE th Str	eet 2]	.218
BALTIMORE, MARYLAND	mpletely and 2 %	Service Control	DFA	James	Al	bert	Orem		15. MOTHER'S MAIDEN NA Dora	WE		Chall	Š
MORE,	Page	nedical	16a V	VAS DECEASED EVER (ES. NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI 220-18-8		17 INFORMANT Diane Cygan	9732 Conmar		21220	
1 W. PRESTON ST	hot the death cer by the attending ase remove carbo	other traumatic		Conditions, if any, gave rise to imm cause (a), statin underlying cause	which nediote g the	DUE TO, O	R AS A CONSEQUE	NCE OF Struc	Arrest, Res				
RDS, 20	equires 1 r signed Then ple to burio	njury, a	NO	PART 2. OTHER SIGN	NIFICANT C	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVE	N IN PART 110	
AL RECOI	on. has been t permit.	2	CERTIFICATION	190 DATE OF OPERAT	NOI	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20€ AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH? NO
DIVISION OF VITAL RECORDS, 201 W.	SICIAN: The physicic certificate orial-tronsit	Herr 18 sh	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING	AUSE OF DEA) P.	.M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PA	RT 1 OR PART 2)	
OISIAIO	after this as the bit ond A	morked	MED	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	RK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA		21f. LOCATION STREET	CITY OR TO	4.	COUNTY	STATE
	spital ar CTOR: A	21 is mo		sow the decease above, K (we) (d	(this hospited alive and	ol) attended the April 12	ne deceased from	10r11	d that in (my) (our) apinion	, to April 14 death occurred on the do			that ((we) last couses stated
	TAL OR A yy the hory RAL DIRE	NT. If Hen		Mich	of	Lay	4	m		MEDICAL STAF DIRECTOR PHYSIC	FAN D	22c. DATE	W/F7
	O HOSPI storned b TO FUNE hauld be	APORTANT:		Michael	Tay		0		9000 Frankli	n Square Dr	ive,	21237	

DHMH - 16 60M 7/84

BP

(VRA 15, 4)

24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

Cremation

23b. DATE 4/17/87 23c. NAME OF CEMETERY OR CREMATORY Green Mount Cemetery 23d LOCATION
CITY OR TOWN
Baltimore

Maryland

A. Alan Seitz, Jr. 3615-19 Chestnut Ave. 21211

250 DATE REC'D. BY REGISTRAP 256 PECISTRAP S SIGNATURE APR 1 4 1987

4/20

Ed --- -- -- -- --

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

-	- STATE REGISTRAR	DLI AI	CERTIFICATI		RED	NO.	4 0	
	I. DECEASED NAME FIRST (TYPE OR PRINT) Edward	Joseph NC	OVARINE		April	18	1987	26 HOUR 4:00p
1	3. SEX Male	4.RACE White	5. DATE OF BIRTH	DAY YEAR	6 AGE IN YEARS LAST	BIRTHDAY) YRS	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
7	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	76 CITIZEN OF WHAT COUNTR	Y? 8.	DIVORCED	9. BALTIMORE CITY Baltimore	OR COUNT		MD.
-	10 CITY OR TOWN OF DEATH ROSSVIlle	11. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR Franklin Squa	re Hospita		120. USUAL OCCUPA (TYPE OF WORK FOR MOS Carpent	T OF WORKING		F BUSINESS OR
)			OWN 13d. IN YES		13e.STREET ADDRESS			21
7	14 FATHER'S NAME	MIDDLE LAST	15. MC	OTHER'S MAIDEN NAM	WE		LAS	T
	John	Nayari		Olga	400	DECC	Jac	ot
		RMED FORCES? 166. SOCIAL SE VE WAR OR DATES) 262/03		mond L. Na		54 Woo		to., Md. Rd./21234
	PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (a), (b), ED BY: Cardic TE CAUSE (a) DUE TO, OR AS A CONSEC	o-pulmonar				BETWEEN	MATE INTERVAL ONSET AND DEATH
		DUE TO, OR AS A CONSEC	QUENCE OF		inal disease or co	INDITION G	IVEN IN PART 110	9
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS	PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES IES []	IGS USED OF DEATH?
	00.000.000.000.00	AIR	DAY YEAR	OW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART OR PART 2}	
	GENTHISUTING CAUSE OF BE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	21e. PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFICE	E FARM, ETC)	OCATION STREET	CITY OR	10	COUNTY	STATE
	saw the deceased alive an above, (*) (we) (**) (did no	April 18 19	0.7	9 , 19 87 in (%) (our) opinian c	, to April	date and ho		that X (we) last causes stated
	22b. SIGNATURE	term	DEGREE	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗹	22c. DATE 4-/	8-87 ·
	Dr. Gary	Johnson		000 Fran	ıklin Squa	ire D	rive., B	al 21237
	23a. BURIAL, CREMATION, REMOVAL	23b. DATE 23	c. NAME OF CEMETER	RY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Cremation 24 FUNERAL DIRECTOR	4/20/1987	reen Mount	Crematory 25e DATE	Baltimo	re, Ma	ryland :	21202

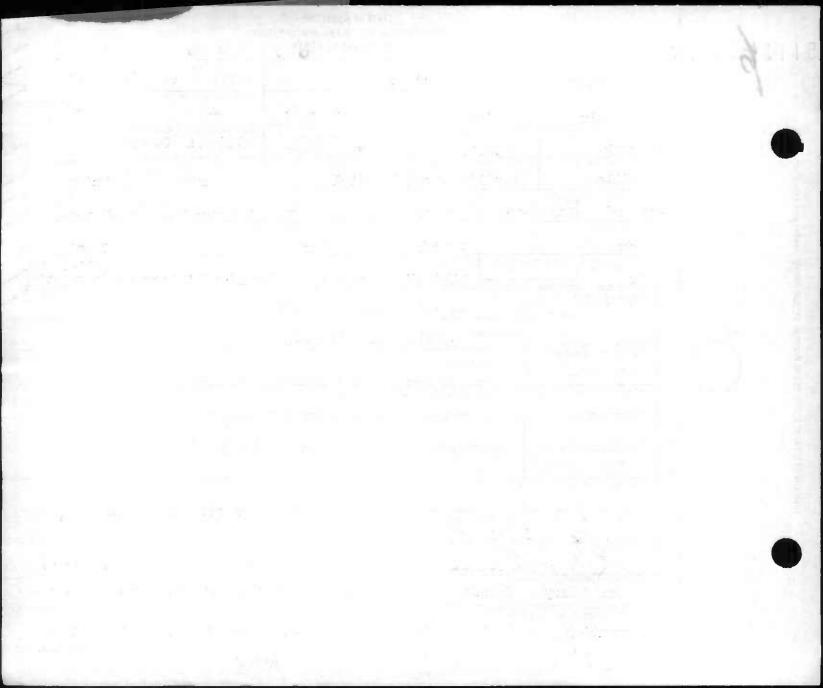
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

BP.

Walter Brooks Bradley, Inc. Balto., Md. 21222

APR 20 1987



executed

requires that the death certificate

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

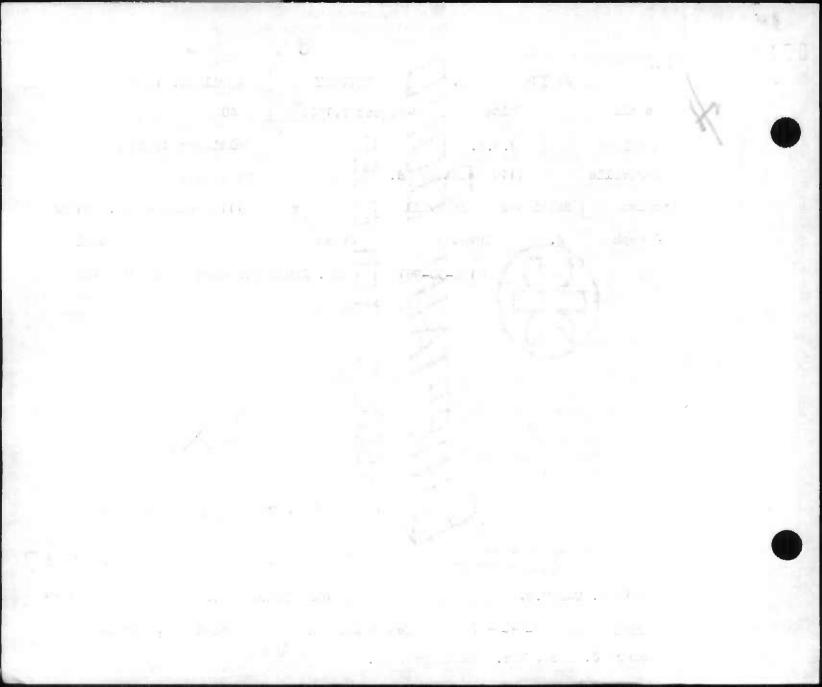
DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the hospital ar attending physician

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1001		REGISTRAR					FICATE OF DEATH	REGIL	1 0. *		
APR	L' DE	GEASED NAME	FIRST	,	WIDDLE		LAST	2a DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
/	,	CONTRINE)	JANI	CE	E.		NOVOTNY	April 2	20. 198	7	
/.	3 SE	х		RACE			OF BIRTH	6 AGE (IN YEARS LAST B		IF UNDER 1 YE	
V		Female		White		Augi	ast 7,1946	40	YRS.	NONTHS DA	YS HOURS
64	76 B	IRTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	9		9 BALTIMORE CITY		OF DEATH	
85		Maryland		U.S.	Α.	WIDOW	ED DIVORCED	Baltimor	ce Coun	tv.	
Donitied	10 C	Parkville	ATH 1	1. NAME OF		G HOME (ADDRESS) Rot.	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Dependen	TION OF WORKING LIFE	12b. KINI	D OF BUSINES RY
mdst be	13a 5	AL RESIDENCE (IF NURS STATE Aryland	13h COUNT Balt		GIVE RESIDENCE BEFORE 134 CITY OR TOWN Parkvil		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	Rd.	21234
examiner	14 F/	Joseph	J. ^	IDDLE N	ovo tny		Jane t	ME MIDDLE			wul
icol		WAS DECEASED EVER			166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDI	RESS		
med	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	182-50-9	517	Mrs. Jane	t Novotny	Same	as #	13e
‡		18. CAUSE OF DEAT	H (Enter only	one couse per	line for (o). Ih . and					APPI	OXIMATE INTERV
r other tip		Canditians, if any gave rise to improve to static underlying cause	mediate ng the	(b) DUE TO, OI	r as a conseque	NCE OF					
injury, brother foot	NOI	gave rise to improve to the couse (a), static underlying couse PART 2. OTHER SIGN	mediate ng the lost	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM				
nows ony injury, broffied for	RTIFICATION	gave rise to improve couse (a), stating underlying couse	mediate ng the lost	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FIN	DINGS USED
item 18 shows any injury, ar afficeriza	CAL CERTIFICATION	gave rise to improve to the couse (a), static underlying couse PART 2. OTHER SIGN	mediate ng the lost NIFICANT CO	ONDITIONS CO	DNTRIBUTING TO D TION FOR WHICH (FINJURY M. MONTH DA	<u>EATH</u> BUT	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FIN	DINGS USED SES OF DEATH NO
irked or Item 18 shows any injury, ar affice from	MEDICAL CERTIFICATION	gove rise to improve to the couse (D), stoting underlying couse PART 2 OTHER SIG! 19a DATE OF OPERA 21a. ACCIDENT WAS UNION OR CONTRIBUTING	mediate and the second	DNDITIONS CC 19b. CONDI 21b. TIME O HOUR A.I 21e PLACE	ONTRIBUTING TO D TION FOR WHICH (FINJURY M. MONTH DA M.	OPERATION Y YEAR	ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	, WERE FIN YING CAUS	DINGS USED SES OF DEATH NO
n 21 is marked ar Item 18 shows any injury, ar affice from		gove rise to improve to improve (o), stotir underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d INJURY OCCUR. WHILE NOTIFY NOTIFY WHEN IN INDURY OCCUR.	mediate ng the e lost NIFICANT CO TION DERLYING CAUSE OE DEATH (CALEXAMINER) RED RED (this haspita ed olive on	19b. CONDITIONS CONDIT	TION FOR WHICH (FINJURY M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, FA	EATH BUT OPERATIO Y YEAR 19	214 HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b IF YES, IN CERTIFY YES	WERE FIN YING CAUS BILLING CAUS COUNTY	DINGS USED DES OF DEATH NO []
4T: If them 21 is marked ar Item 18 shows any injury, ar annewtya.		gove rise to improve to improve (o), stoting underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF ETHER NOT IF Y MEDI 21d. INJURY OCCUR WHILE AUGUST AUWOR AUGUST 300 the decease obove, (I) (we) (c) 22b. SIGNATURE	mediate ng the e lost NIFICANT CO TION DERLYING CAUSE OF DEATH (CALEXAMINER) RED RED (this haspita ed alive on did) (did not)	DNDITIONS CO	TION FOR WHICH (FINJURY M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, FA	OPERATIO Y YEAR 19 ARM, ETC.)	214 HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENIER NATURE/OF IN) CITY OR T death occurred on the o	20b IF YES, IN CERTIFY YES	COUNTY 22c, DA	DINGS USED SES OF DEATH NO [] 21
APORTANT: If them 21 is marked or them 18 shows any injury, are affection		gove rise to improve the couse of the couse	MEDIAN COLLEGE OF THE CALE AMMINER COLLEGE OF DEATH CALE AMMINER CALE	DNDITIONS CC 19b CONDI 19b CONDI 10b TIME O HOUR A.I. PRINT (AT HOME, STR View the body PRINT)	TION FOR WHICH (FINJURY M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, FA	OPERATIO Y YEAR 19 ARM, ETC.)	211 LOCATION STREET 20 19 8 nd that in (my) (our) apinion DEGREE MY ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY? YES NO RED (ENIER NATURE/OF IN) CITY OR T death occurred on the o	20b IF YES, IN CERTIFY YES	WERE FIN YING CAUS	DINGS USED SES OF DEATH NO []
IMPORTANT: If them 21 is marked or them 18 shows any injury, are affection	WEDICAL MEDICAL	gove rise to improve to story underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNION CONTRIBUTING (IF ETHER, NOTIFY MEDI 21d INJURY OCCURI WHILE NOTIFY MEDI 22a. I certify that (I) saw the deceosed obove, (I) (we) (a 22b. SIGNATURE 22d PHYSICIAN'S NATURE 22d PHYSICIAN'S NATURE 300 Notice 1 and 1	mediate mg the solution of the	DNDITIONS CC 19b CONDI 19b CONDI 10b TIME O HOUR A.I. PRINT (AT HOME, STR View the body PRINT)	ONTRIBUTING TO D TION FOR WHICH (FINJURY M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, FA after depth.	OPERATIO Y YEAR 19 ARM. ETC.)	211 LOCATION STREET 20 19 8 nd that in (my) (our) apinion DEGREE MY ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY? YES NO NED (ENIER NATURHOFIN) CITY OR T death occurred on the of DIRECTOR PHYSI 710r Ave.	20b IF YES, IN CERTIFY YES TOWN dote and four	COUNTY 22c. DA	DINGS USED SES OF DEATH NO [] 21
IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar afficerfigur	WEDICAL MEDICAL	gove rise to improve to storic underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNION COOLING (IF EITHER, NOTIFY MEDI 21d INJURY OCCUR. AT WORK NOTIFY TO COUR. 22b. SIGNATURE 22d PHYSICIAN'S NA	mediate mg the solution of the	DNDITIONS CO	DNTRIBUTING TO D TION FOR WHICH (FINJURY M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, FA after depth. 23c. N	OPERATIO Y YEAR 19 ARM. ETC.)	211 LOCATION 211 LOCATION STREET 20 19 8 nothot in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 1006 Tay Cathedral	ZOO AUTOPSY? YES NO RED (ENIER NATURIFIED FIN) CITY OR T MEDICAL STA DIRECTOR PHYS 7107 AVE.	20b. IF YES, IN CERTIFY YES	WERE FIN (ING CAUS) COUNTY COUNTY 221. DA	DINGS USED SES OF DEATH NO [] 21 . that (I) (w. the causes stat (TE SIGNED - 2) - 2



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPART		ICATE OF DEAT		ENE 1 RE	10.	4	8		
1		CEASED NAME FIRST		MIDDLE	l	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOU	
	(TYPE	Virgin	ia.	Beatrice	3	O'Brien			H	7	57	96	The M
	3. SEX		4. RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UN	DER I YEAR	IF UNDER	24 HRS
		Female	Whi		MONTH 9	1°1′ 1	920	66	YRS.	MONTH		HOURS	MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARR	IED 🗆	9. BALTIMORE CITY	_			9.1	
th.		Virginia	U.	S. A.	WIDOWE	4.6		Baltimon	ce Cor	unty	70		MD.
		TY OR TOWN OF DEATH	(IF NOT IN SUI	HOSPITAL, NURSII CH FACILITY, GIVE STREET Glyndon	ADDRESS)	Apt. T2	ION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Waitres		LIFE) 12	ZE KIND C NDUSTRY	of BUSINE	
Ç	USUA 13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b COI	OR OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LI	MITS?	13e STREET ADDRESS	ZIP COL	don	Driv	re Ap	1362
	14. FA	THER'S NAME	- Land			15. MOTHER'S MA	DEN NAM						
ľ	1	Wilburn	Camel	Fa.	lin	Ida		"Ka-	thlee	n	LAS	Vic	ers
-			ARMED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMANT		ADDR	ESS Ma	ary.	land	211	17
	(Y	ES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	230-24-8	3633	Debbie H	laddav	way 5Stone	nark	Ct.	Owin	igs M	ills
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	SED BY:	1 -		ESPIRAT	TOLY	FATLUR	5	-		ONSET AND	
	100	IMMEDI	ATE CAUSE (a)	11 001	1		(-(-	Mucon	Spiles	-	11-11-62		
			DUE TO, O	R AS A CONSEQU	ENCE OF	alla ace	DINAT	DRY FAIL	115		4m	4417	215
		Canditians, if any, which gove rise to immediate	(b)	SEVERE	CHR	DAIC NES	11/4/-	ong THIC	0/0-		()-(ONT	7
		couse (a), stoting the underlying cause lost.	DUE TO, C	RAS A CONSEOU		CROTICINA	5 PK	EUMONIA			4 m	1027	745
	N O	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	THE TERMIN	NAL DISEASE OR COM	IDITION G	IVEN IN	PART 11	a,	
	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	20b. IF Y	ES, WE	RE FINDIN	NGS USED)
1	FE							YES TI NOT		IFYING	CAUSES	OF DEAT	
	E	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ			ORPART 2)	110	
ř		OR CONTRIBUTING CAUSE OF E	EAIR	M. MONTH D									
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE		.M. OF INJURY	19	211. LOCATION							
	ME	WHILE NOT WHILE ATWORK		REET, FACTORY, OFFICE,	FARM, ETC }	STREET		CITY OR TO)WN	(COUNTY	\$1	TATE
i	1	22a.1 certify that (1) (this has	pitol) ottended th	ne deceased Iram	DECEN	1BER 28 19	86	to APRI	L 8	. 19	87	that (1) (w	ve) last
		some the altered alive of above (b) e (did)(did	IN MARCI	+31 10	E 7		opinian de	eoth occurred on the o	late and he	ond out	I Iram the	couses sta	ited
		27h. SIGNATUJE	1	ols		DEGREE ATTEN	IDING	MEDICAL STA	FF.		22c DATE	SIGNED 2	7
-	36	22d. PHYSICIAN'S NAME (TYPE	E OR PRINT)			22e ADDRESS	ICIAN A	DIRECTOR PHYSI	CIAN		KAKUS	5 L	inis
		HOWARD ;	THEOB!	S, mo		700	GAIN	STERS MILL	-20,		MO	21	117
		URIAL, CREMATION, REMOVA	AL 23b. DATE	230	NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION		100	UNTY		7475
		Burial	4-13	3-87 G	arris	on Forres	t Vet		n B	alt	imore	e Mar	ylan

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR ould be detached for until the State Dept. of H MADRITANT, IF No.

24 FUNERAL DIRECTOR
MARZULLO FUNERAL SERVICE

UPPERCO. MD

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

APR - 9 1987 Julia Diodon Pandres.

4/14

6 (26/8)

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

050626

STATE OF MARYLAND

REC	10.	4	9
OF DEATH	MONTH	DAY	YEA

	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG	IENE RECONC	.149				
	3. SEX	FIRST 4 + CC 4. RACE	MON		2a. DATE OF DEATH 4 6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR MONTHS DAYS	2b HOUR 11 O2 M IF UNDER 24 HRS. HOURS MIN.			
7	7a. BIRTHPLACE (STATE ORI	FOREIGN 76. CITIZEN OF	THE PROPERTY OF THE PROPERTY O	ED XXNEVER MARRIED DIVORCED D	9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY M					
5	RANDALLSTOW	n BALTC	HOSPITAL, NURSING HOME	SP.	CMORKING LIFE) 11/4/10/18/10/19	OME				
5	MARYLAND	BALTO	RANDALLSTOWN	YES NO NO	13e STREET ADDRESS / 9206 ALLENS		21133			
2	LOUIS		SHERMAN ⁶¹	15. MOTHER'S MAIDEN NAME FIRSTDA	ME MIDDLE		DBERG			
	NO OR UNKNOWN)	IN U.S. ARMED FORCES? [IF YES, GIVE WAR OR DATES] H (Enter only one cause pe	213-09-4469	9206 ALLENSW		DALLSTOWN, M	D 21133			
7	Conditions, if ony, gove rise to imm cause 101, stating underlying cause PART 2 OTHER SIGN PART 3 OTHER SIGN PART 3 OTHER SIGN PART 4 OTHER SIGN PART 4 OTHER SIGN PART 5 OTHER SIGN PART 5 OTHER SIGN PART 5 OTHER SIGN PART 6 OTHER SIGN PART 6 OTHER SIGN PART 7 OTHER SIGN PART 7 OTHER SIGN PART 8 OTHER SIGN PART 8 OTHER SIGN PART 9 OTHER SI	which mediate go the last. NIFICANT CONDITIONS C	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BU OF 1A 5 OTHER OPERATION OF THE OPERATION OF THE OPERATION OPERATION	Resping to. TNOT RELATED TO THE TERM		206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	NGS USED			
DEL.	OR CONTRIBUTING (IF EITHER NOTIFY MEDI-	CAUSE OF DEATH CALEXAMINER) RED 21e. PLACE	OF INJURY A.M. MONTH DAY YEAR P.M. 19 E OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)	216. HOW INJURY OCCURE			STATE			
	220.1 certify that (1) sow the decease obove, (1) (we) (6) 22b. SIGNATURE	(this hospital) attended to the dalive an the did (did not) view the bad	7 1057	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN		te and hour and from the				
	Alla	J-Chino		Balt. God		unel Hos				
	230. BURIAL, CREMATION, (SPECIFY) BURIAL	AUG.9	,1987 BETH J.	ACOB ANSHE VES						
		SOL LEVINSON ERSTOWN RD	N & BROS., INC	21215 AP	R 1 4 1987	166 REGISTRAR'S SIGNAT	URE			

DHMH 16 60M 7/84 (VRA 15, 4)

051092

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REONO.	1	5
6	RECHINO.		

	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGICATE OF DEATH	IENE REON	0.	50	
	CEASED NAME FIRST	٨	AIDDLE	L.	AST	20 DATE OF DEATH	монтн	DAY YEAR	2b. HOUR
(TYPE	JOHN			ONUS	KA	APRIL 15,	1987		11:30P
3. SEX	(RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	MALE	WHITE		MONTH MONTH	SEPTEMBER 27, 08 78 YRS				HOURS MIN
		b. CITIZEN OF	WHAT COUNTRY	? 8.		9 BALTIMORE CITY O		Y OF DEATH	
	EW JERSEY	U.S.	Α.	WIDOWE	NEVER MARRIED	BALTIMORE	COLIN	JTV	M
		1. NAME OF H	OSPITAL, NURS	ING HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATI	ON	12b. KIND C	F BUSINESS O
	ORT HOWARD	VA MEI	DICAL CE	NTER		MILITARY	F WORKING L	INDUSTRY	
13a. S DIS	ALRESIDENCE (IF NURSING HOME ORGITATE 1316 COUNT		131. CITY OR TO' WASHING	WN	13d INSIDE CITY LIMITS? YES NO [13e.STREET ADDRESS		. / /	1999
14. FA		NDDLE	ŁAST	-	15. MOTHER'S MAIDEN NA	ME		LA	ST
14 14	ANDREW	ED FORCES	ONUSKA		Anna 17 INFORMANT	ADDR	cc		
	VAS DECEASED EVER IN U.S. ARM (15, NO OR UNKNOWN) (15 YES, GIVE	WAR OR DATES						D HOLLADI	
	YES W.W.	II	578 58	9168	CLINICAL REC	ORDS, VAMC,	FUK:		MATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	CHOPNEUMONIA NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	ES, WERE FIND!	NGS USED S OF DEATH?
RT	A ACCIDENT WAS UNDERNING .	21h T144E O	E INTITUDY		21- HOW INTURY OCCUPA	YES NO X	_	ES 🗌	но 🗌
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	CD (ENTER NATURE OF INJU	RA IM ILEW IR	PART LORPART 2}	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY SEET, FACTORY, OFFICE	E, FARM, ETC)	21f. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	220. I certify that (X) (this haspite saw the deceased alive on abave, (X) (we) (did) (A) (not	APRIL	e deceased fram 15 19 after death.	JUNE 87 , or	14 , 19 85 and that in (aur) aprinian	, ta APRIL 1 death accurred an the d	_5 ate and ho	, 19 87 our and from the	that (IT (we) la
	226. SIGNATURE			2.10	DEGREE			22c. DATE	SIGNED
	affond o Kin	3			ATTENDING PHYSICIAN [MEDICAL STA		APRII	15, 8
	276 PHYSICIANS NAME (TYPE OF	RINT)			22e. ADDRESS				
	ALFONZO ruzz	, M.D.	//-		VAMC, FORT H	OWARD, MD.	2105	2	
23a. B	ALFONZO ruzz	M.D.	230	NAME OF C	VAMC, FORT H	23d. LOCATION			CT A*E
23a. B	ALFONZO ruiz					23d. LOCATION			Md

main america connection of

APRZ 158

completely filled in by the funeral director, page 3

injury, ar other traumatic event, the medica

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon partition, with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. MPORTANT: If them 21 is marked or Item 8 shaws ony injury, or other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

BP.

within 24 hours after death. Page 4

	S	T	A	TE	OF	M	A	RY	1	AND)
LED A	DEMENIT	0	E	ME	4.1	THE		MI			ı

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CENTIFICATE OF BEATH

	6%		-
1	RES NO.	î	5
0	KEG: NO.	-	

	1, - STATE REGISTRAR	DI		EALTH AND MENTAL HYGI	ENE L DED NO	5					
	1. DECEASED NAME FIRST (TYPE OR PRINT) EVELY	o Gertrud		-To	20. DATE OF DEATH MONTH	15 87 9 PM					
	Female	RACE Whit	7		6. AGE (IN YEARS LAST BIRTHDAY) 23 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.					
	70. BIRTHPLACT (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COL	MARRIEI WIDOWE	D NEVER MARRIED D	Balto. Coun	MD.					
1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME O		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOME)	12b. KIND OF BUSINESS OR INDUSTRY					
ps i		NTY 13c CITY C		13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / 71P CO						
1	14. FATHER'S NAME FIRST Clarence	D. Leister	AST	Blanche	MIDDLE I.	Davis					
	160. WAS DECEASED EVER IN U.S. AF (YES, MOOR UNKNOWN) (IF YES, GP	MED FORCES? 166. SOCI	22/1857	Barbara E. Ga	ADDRESS Ahan 1526 Barkl	ey Ave./21221					
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, ORAS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (b), starting the underlying cause last. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH DUE TO, ORAS A CONSEQUENCE OF Underlying cause last. DUE TO, ORAS A CONSEQUENCE OF DUE TO, ORAS A CONSEQUENCE OF										
)	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION FOR PLD - BO	NG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION C	FIXEN IN PART 110 VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc					
	00.00.150.01.10.10	HOUR A.M. MON	TH DAY YEAR		ED (ENTER NATURE OF INJURY IN ITEM)						
	GRECHINBUTHING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK AT WORK	218 PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
	220 certify that (1) (this hosp saw the deceased alive or abave, (1) (we) (did) (did no 22b, SIGNATURE	/ 1 / /	19.87. or	DEGREE ATTENDING	eath accurred an the date and h	2, 19 2, that (I) (we) last our and fram the causes stated 22c DATE SIGNED					
	SHELDON	J LERMAN	J, Min.	PHYSICIAN 22e. ADDRESS CO - ST	- SOSBAH HO	sf.					
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	23b. DATE 4/17/1987	And the second second	emetery or crematory ount Crematory	Z3d LOCATION CITY OF JOWN Baltimore. M	aryland 21202					
	24 FUNERAL DIRECTOR			25a DATE	REC'D. BY REGISTRAR 25b REG						
	Walter Brooks Br	adley, Inc. 1	Balto., M	d. 21222	0 0 0 1007	~ 1					

DHMH - 16 60M 7/84 (VRA 15, 4)

Frankling States Tables SHEMION FEBRURE "

24 hours after death. Page 4 may be

gral director, page 3 72 hours after death

e ottending physician and completely filled in by the fune move carbon papers. Pages it and 2 should be filed with nation, or removal.

must be r

injury, or other traumatic event, the medical

Hem 18 shows ony

IMPORTANT, If frem 21 is marked an

STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH	IENE REGINO	o. 1 3	2	
	CEASED NAME	FIRST		MIDDLE	· ·	AST			AY YEAR	26 HOUR
(1112	OK PRIIVI)	Har	ry l	enry		Owens	April 4, 19	987		8:55
3. SE	^X Male		White		S. DATE C	19 1908 YEAR	6 AGE (IN YEARS LAST BIRT		ONTHS DAYS	
B	RTHPLACE (STATE OR	Md.	US		WIDOWE		9 BALTIMORE CITY O Baltimore	R COUNTY		MI
	ossville 2			HOSPITAL, NURSIN		DR OTHER INSTITUTION	120. USUAL OCCUPATION OF THE PROPERTY OF THE P	hooter	126 KIND	of Business OR Yand Ele
13e. §	ALRESIDENCE HE NUR Maryland		Thore	130 WHARPE	NRive	H38. INSIDE CITY LIMITS? YES NO F	13e STREET ADDRESS /	ZIP COPE	Rd.	21220
14 FA	ATHER'S NAME FIRST Harr	у Н.	Öwens	LAST		Josephine	e Kernan			LAST
	WAS DECEASED EVER		MED FORCES?	212 05 5	_	Robert Long	7527 Rowsell Pasadena,			
z	Conditions, if any gave rise to im cause (a), stati underlying cause PART 2 OTHER SIG	, which mediote ng the e last	DUE TO, O	RAS A CONSEQUE RESPITATO RAS A CONSEQUE Sepsis	Ory F	ry Arrest ailure	INAL DISEASE OR CONI	DITION GIVE	N IN PART	ì a =
CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ING CAUSE	DINGS USED ES OF DEATH?
MEDICAL CER	21g. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	n P.	M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCURE		Y IN ITEM 18 PA	RT OR PART 2)	
MED	21d INJURY OCCUR	HILE D	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	saw the deceas above, M (we) (ed olive on	April 4	19		9 19 8/	ta APC11 4 death occurred an the do	ite and hour		
	27% SIGNATURE	Con	ile		1	W-V	MEDICAL STAF		4 -4.	-87
	22d. PHYSICIAN'S N Den	ise C	byle MD		17	9000 Frankl	in Square D	rive B	altimo	ore 21237
23a E	BURIAL CREMATION	REMOVAL	T70 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene prior

retained by the hospital or attending physicion.

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

Burial 4/7/87

Oak Lawn Cemetery

Baltimore Co., Mani

PA 1407 Old Eastern AvenR 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 1987

212 Ct and where one sameting, is, 7122

Physics

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STATE OF MARYLAND

HYGIENE

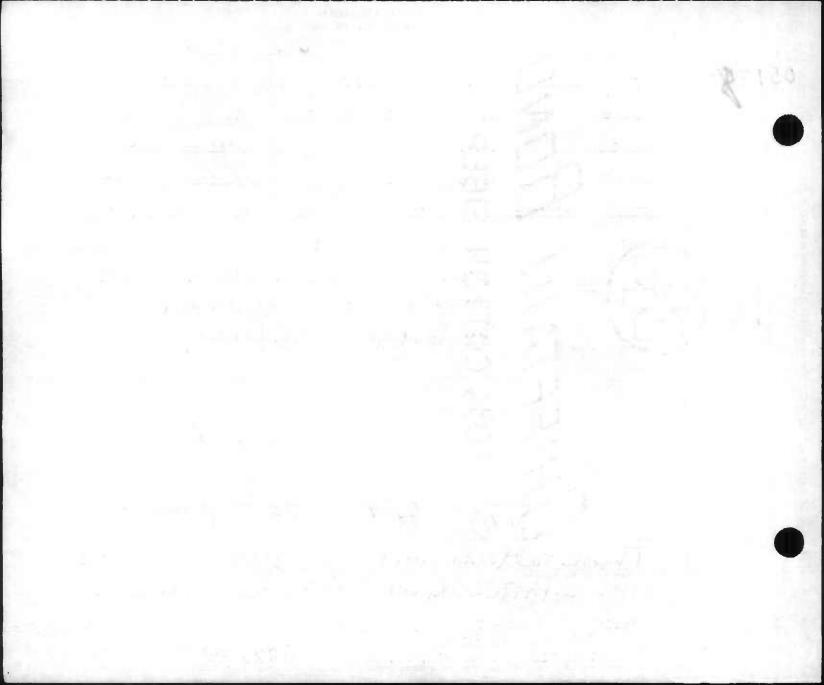
EP.	ARTI	MENT	OF	HEA	LTH	AND	MENTAL	H
		CE	RTI	FIC	ATE	OF	DEATH	

	1.	STATE REGISTRAR				CERTIF	ICATE OF I	EATH /	1	REGGO		5 .	5		
		CEASED NAME	FIRST		MIDDLE	ì	LAST		2a. DATE OF	DEATH N	ONTH	DAY Y	EAR 2b	HOUR	_
AF	8 2	22 07	Angela		P.	P	abich			Ar	ril	18 19	987	^	1
	3 SE	X		RACE		5 DATE C	OF BIRTH	YEAR	6. AGE (INY	EARS LAST BIRTH		MONTHS.		UNDER 24 HRS	
		Female	4	Whit	te	10		1908	78		YRS			, m	
		RTHPLACE (STATE OR	FOREIGN 7b	CITIZEN OF	WHAT COUN	TRY? 8	D NEVER	MARRIED []		RE CITY OR	COUNT	Y OF DEA	TH		-
)		Maryland		11.9	S.A.	WIDOWE		VORCED	Ral	timore	Cor	inti		MC	,
4	10 CI	ITY OR TOWN OF DE		. NAME OF	HOSPITAL, NI	URSING HOME C			12a USUAL	OCCUPATIO	N	17b K		JSINESS OR	
		Dunda1k	1 34		H FACILITY, GIVE					K FOR MOST OF	WORKING L				
		AL RESIDENCE (IF NUR		HER INSTITUTION		BEFORE ADMISSION)	177		House				wn Ho	me	-
1		STATE	136 COUNTY		13c CITY OR		13d. INSIDE C	and the second	13e STREET						
2					Dung	dalk	YES	S MAIDEN NAM	1 8026	Dogwo	od F	Rd. 2	1219		-
1	1	FATHER'S NAME FIRST MIDDLE L			LAS	t	13 MOTHER	FIRST		MIDDLE			LAST		
4		Michael Dohme WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL						rie		ADDRES			Mose		_
		VAS DECEASED EVER YES NO OR UNKNOWN)	(IF YES, GIVE W		166 SOCIAL	SECURITY NO.	17 INFORMA	INT		ADDRES	5				
		No			219-10	0-2880	Ber	nard J.	Pabic	h Sr.	Same		13e_		_
r		18. CAUSE OF DEA	TH (Enter only	one couse per	line for (a), (b), 910 (c).)		1			6	BET	PPROXIMAT WEEN ONS	T AND DEATH	_
	-	PART I, DEATH V	IMMEDIATE		Ca	le R	espe	lator	y a	Me		_			
		to a solution		DUE TO	PAS A COM	EQUENCA OF	. 1	^	9		4.1				
	1	Conditions, if any	v. which	(,5)	Met	esta	He C	40%	LU	NG					
	4	gove rise to im	mediote) ''-				-	-	1					-
		underlying cous		DUE TO, O	R AS A CONS	SEQUENCE OF									
		DART 2 OTHER CIC	NUE ICANIT CO	(c)	DE LEDIOL LE INC	TO DE ATURNIT	NOT BELATE	70 1115 75011	INTER DISCLE	5 OR COND	TIONICI	VEAL IN L. D.A.	1.10		Pas
	NO	PART 2 OTHER SIG	INIFICANT CO	NDITIONS <u>CC</u>	JINTRIBUTING	J TO DEATH BUT	NOTRELATEL	TO THE TERM	IN AL DISEASI	E OK COND	HON GI	VEN IN PA	IKI IIO		
7	CERTIFICATION	190 DATE OF OPERA	MOITA	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	200 AUTO					-	
	표								YES	NOW		IFYING CA		DEATH?	
-	E	21g. ACCIDENT WAS UN	DERLYING	21b. TIME O	FINJURY		1716 HOW IN	JURY OCCURR						.0 []	-
7	0	OR CONTRIBUTING				DAY YEAR		voll o c com	(CINICALAN	TORE OF THOSE			,		
	2	(IF EITHER, NOTIFY MED		P.		19	01/ 10CATH	201			_				_
	MEDICAL	21d. INJURY OCCUR	17.00	21e PLACE		FFICE, FARM, ETC)	21f LOCATE			CITY OR TOW	N	COUN	YT	STATE	
		AT WORK AT WO	ORK			1/				- 00		1			
		220.1 certify that (I		ottended 1/	e deceased f	rom 2	7	_ 19 / 2	, to	110	ren	19	, that	(1) (we) lost	
		sow the deceo	sed plive on	riew 1 e bedy	after death.	19 4, or	nd that in (my)	(our) opinion o	death occurre	d on the dot	e ond ho	ur and fro	m the cou	ses stated	
		226 SIGNATURE	7	A A			DEGREE					32c.	DAY	NED,	-
		1 hes	1C+	atte	LAGA	(MM)		ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICI	AN \Box		4/20	1/87	
1		22d PHYSICIAN'S N	AME (TYPE OR P	RINT)			22e ADDRES		1	. 1 .		-	1		-
		THEO	Cir	MATE	250M	(IMI)	34	27-Da	UNLU	ALK	AU	P	21	227	-
	23a P	BURIAL, CREMATION	REMOVAL	23b DATE		23c NAME OF C	EMETERY OF	CDEMATORY	73d. LOC A	TION	17		- 1	-	=
		Burial		4-22-8	27				CITY	OR TOWN	-	COUNTY		STATE	
	24 51					St. Sta			E RÉC'D. BY R	ndalk		Baltir		Mary	Lan
	24 1	UNERAL DIRECTOR			ADD:	RESS.						- B	. 0		
		7	922 Wi	se Ave	Dunda.	lk, Md.	21222	APF	7221	987	in d) corders	n. Kand	alle	

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detached for use with the State Dept. of Heo IMPORTANT: If them 21 is m



in by the funeral director, page 3 se filed within 72 hours after death

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death. Page

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

5	REG	SISTRAR			CERTII	ICATE OF DESTIN	REG. N	10.			
1	1. DECE ASE		- 1	MIDDLE		AS1	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	_
	(TIPE OR PRII	Iva	PAGE				April 27,	1987		1:55a	l M
1	3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 H	_
		nale	White	9	Aug	27% 1894	92	YRS.	TINS DATS	HOURS M	IN.
A.		LACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY		DEATH		
1		Thore Co., Mc	US.		WIDOWE	_	Baltimore	County			MD.
1		rille 21237		HOSPITAL, NURSIN		DR OTHER INSTITUTION	17 HOUSEWIT	OF WORKING LIFE)	126 KINDO	F BUSINESS (OR
1	USUAL RES 130 STATE Mary	land Bal	DROTHER INSTITUTION.	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE	2	1221	
	14. FATHER	'S NAME FIRST James	Wood	LAST		IS MOTHER'S MAIDEN NA MILLAR	Ward		LAST		
	160 WAS D	DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUI		17 INFORMANT		8546 Sue		_	
	No	O OR UNKNOWN) (IF YES, G	- INE WAR ON DATES!	213 74 6	128	Alexander Pa	ge, 111	Balto.,	Md.	21221	
The second second	Con gov cou und	nditions, if any, which we rise to immediate use (a), stating the derlying couse last.	DUE TO, O	Cardiopul RAS A CONSEQUE Myocardia RAS A CONSEQUE Coronary	monar T ^{CE} Inf Arter		IINAL DISEASE OR COM	ndition given		MATE INTERVAL	_
7	CERTIFICATION 194 D	DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [/ERE FINDIN	IGS USED OF DEATH?	
7	OR CI	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF D EITHER, NOTHY MEDICAL EXAMIN INJURY OCCURRED	HOUR A.	M, MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART	1 OR PART 2)		
1	481111	ILE NOT WHILE	(AT HOME STR	EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR T	OWN	COUNTY	STATE	
	5	l certify that the (this has saw the deceased alive a above, the (we) (did) (did)	April	27 198	April	21 , 19 87 and that in (and (our) opinion of	, toApril death occurred on the o	27 19. date and hour or		that Hi (we) l	
	22b. S	Denue	8 4.	Coule		DEGREE ATTENDING PHYSICIAN		AFF ICIAN	04/	27/87	
		Denise E.	G. Coyle	е, м.В.			klin Sq. Dı	r., 2123	37		
	Bur	I, CREMATION, REMOVA	4/30/8	7 Be	lair	EMETERY OR CREMATORY Memorial Gard		ir, Md.	OUNTY	STATE	
-	Bruzo	Senector Szinski Fune	ral home	PA 1407	01d E	Castern Ave A	R 2 8 1987	Pala De	erdern K	udall	

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

IMPORTANT: If them 21 is morked or Item 18 shows any injury, or ather traumatic event, the

The state of the state of intrace of attends | NATS attraces CASE OF PERSON NOT THE PERSON NOTES OF THE PERSON NAMED IN PROPERTY. And the second s

STATE OF MARYLAND

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1	U	1	3
ij	REG. NO.		

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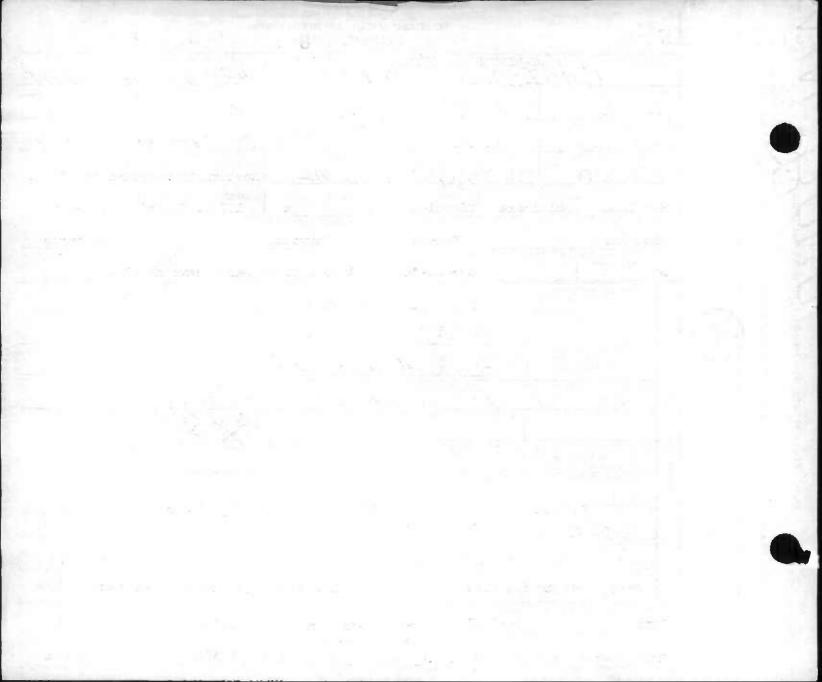
-	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HYG	IENE I O 5	5	
	CHR	CHRISTOS DOLE	NICK PA	PAPPAS PAS	APRIL 22, 19	189	2.00 M
	MALE	WHITE	O/				HOURS MIN.
8	70. BIRTHPLACE (STATE OR FOREIGN)	U.S.A.	NTRY? 8. MARRIEI WIDOWE	NEVER MARRIED .	PALTIMORE CITY OR COUNTY	OF DEATH	nTYM
100	10. CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 514 2056	URSING HOME C		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Resturanteur-Oys) INDUSTRY	BUSINESS OR Rest.
1	USUAL RESIDENCE (IF NURSING HOME OR OF 136 STATE 136 COUNT Maryland Balti	Y 13c. CITY OF	RTOWN	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / ZIP CODE 107 E. Padonia	Rd. 2	1093
1	14 FATHER'S NAME FIRST Nicholas	IDDLE LA:		15. MOTHER'S MAIDEN NAMERST Maryetta		Katso	
	160. WAS DECEASED EVER IN U.S. ARM {YES, NO OR UNKNOWN} {IF YES, GIVE	WAR OR DATES)	1 SECURITY NO. 18-4660	17. INFORMANT Angelo C. Pa	appas - same as #	:13e	3
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	BY: KOKO	SEQUENCE OF	acodosis	re.	APPROXIMA BETWEEN ON	ATE INTERVAL
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION 196. CONDITION FOR V	50 hours	- + valualar	INAL DISEASE OR CONDITION GIVE CULCAL DE MUGAJAGA TOB IF YES IN CERTIFY YES	WERE FINDING ING CAUSES O	GS USED OF DEATH?
>	OR CONTRIBUTING CAUSE OF DEAT	P.M.	H DAY YEAR	21c. HOW INJURY OCCURR	The state of the s		
	Z1d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	ZII. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	270.1 certify that (1) stars has price sow the deceased alive on above (1) (ma) (did (did not)		19 <u>87</u> , of		to 4/22 1 death occurred on the date and hour	ond from the co	
	22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR	it do 1	us,	DEGREE ATTENDING PHYSICIAN 226. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SI	ST 7
	Joseph D'Anton				s Hospital - Osla	er Dr.,	21204
	23a. BURIAL, CREMATION, REMOVAL BURIAL BURIAL	23b. DATE 4-25-87	Greek	emetery or crematory Orthodox	23d LOCATION CHYORTOWN Balto.	COUNTY	Md.
	24 FUNERAL DIRECTOR		1050	York Rd 1250. DATE	REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATUR	RE

1050 York Rd.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL



		FOR
Г	-	STATE
		DECKETO AD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

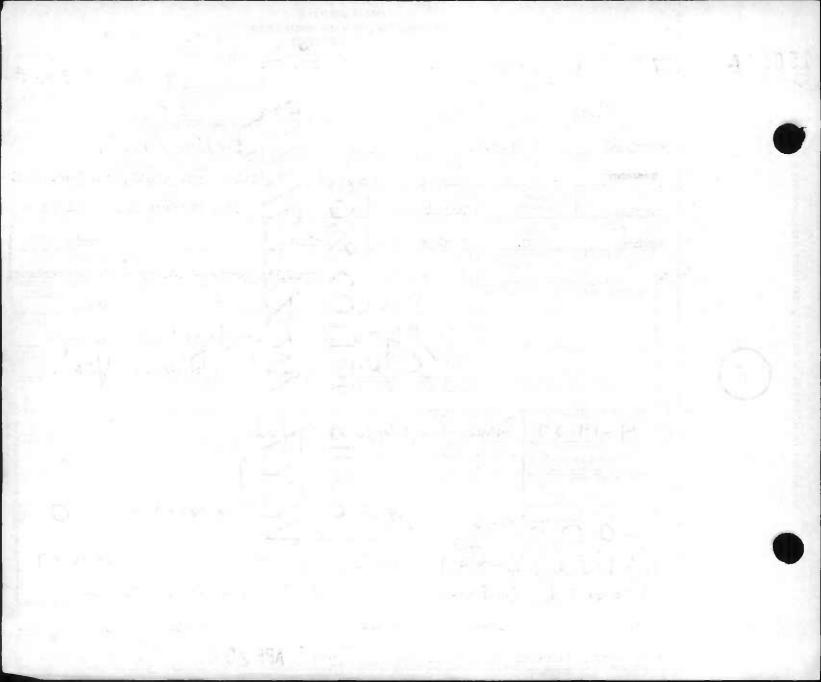
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13	4	ALCOHOL:	0
1.7	i i		4
250 11	~ *		
REG. N	O.		

		REGISTRAR		CERTIC	Tente of De Grif	REG. NO.		
2		GEASED NAME FIRST VEW	NEWTON C	·	parker, jr. or ker	2a DATE OF DEATH MC	DNTH DAY YEAR 4 16 8	26 HOUR 8:55 A
	1.5E)	M_{ale}	4. RACE White	5. DATE C		AGE (IN YEARS LAST BIRTHD	YRS IF UNDER 1 YE	
1		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
2		arvland	U.S.A.	WIDOWE		Balto.	County	MD.
0		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
2	1	Towson	(IF NOT IN SUCH FACILITY, GIVE	eph Ho	spila	Sales Mgr.		Pub., Inc)
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	NTY 13c. CITY OF	RTOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z		21212
4		aryland	Balt	imore	YES 🖹 NO 🗌	908D Woods	son ku.	21212
2	1	FIRST	C. Park	er, Sr.	Julia	WIDDLE		ıvis
100	-	eweon WAS DECEASED EVER IN U.S. AR		L SECURITY NO.	17. INFORMANT	ADDRESS		
Z	No		VE WAR OR DATES)	4-3242	C. Franklin	n Davis -P.O		
7	MEDICAL CERTIFICATION	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 11a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH OR CAUSE OF DEAT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (b) CONDITIONS CONTRIBUTIN CONDITIONS FOR V ATH HOUR A.M. MONTH	SEQUENCE OF SEQUEN	Dies Un Cardi of Mary Cor NOT RELATED TO THE TERMI N WAS PERFORMED 216. HOW INJURY OF CURR 216. HOW INJURY OF CURR	206 AUTOPSY? 206 AUTOPSY? AVES NO ED (ENTER NATURE OF INJURY I	TION GIVEN IN PART 206. IF YES, WERE FININ CERTIFYING CAUS YES NITEM 18 PART I OR PART 2	SES OF DEATH? NO [] 2)
	23a. E	22a.l certify that (this haspi	(AT HOME STREET, FACTORY, C	19 , oi	19	MEDICAL STAFF DIRECTOR PHYSICIA SEPIH HOS 1234 LOCATION CITY OR TOWN	19	tha (1) (we) lost the causes stoted (TE SIGNED -/ 6 - Y)
	_	UNERAL DIRECTOR	1 4 10-07	1	To the second	Chesterto EREC'D. BY REGISTRAR 25		
		uck Towson Fune	ral Home, Inc	DRESS	TOLK MU.	R 2 0 1987	ulia Devider	20

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR.
Inhold be detoched for use in the Store Dept. of Nec.



funezel director, page 3

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CEDTIFICATE OF DEATH

1	REG.NO.	í	5	1

2 2	FOR STATE REGISTRAR	DEPAR		ICATE OF DEATH	IENE REG. NO.	5 /
1.0	DECÉASED NAME FIRST	MIDDLF		AST	20 DATE OF DEATH MONTH DE	AY YEAR 26 HOUR
	rATR]	ICIA C.	PA	RR	APRIL 9, 1987	6:10A _M
3 5	SEX	4. RACE	S. DATE (FUNDER 1 YEAR OF UNDER 24 HRS
	Female	White	Mar	ch 17, 1927	. 60 YRS M	ONTHS DAYS HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED XX	9 BALTIMORE CITY OR COUNTY	OF DEATH
	Maryland	U.S.A.	WIDOW		Baltimore Co	ounty, MD.
10.	CITY OR TOWN OF DEATH TOWSON	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 1639 Hardwic	T ADDRESS]		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Supervisor	12b. KIND OF BUSINESS OR INDUSTRY Telephone
130	SUAL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY BALL	OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	· · · · · · · · · · · · · · · · · · ·	13e.STREET ADDRESS / ZIP CODE 1639 Hardwick	Rd. 21204
	FATHER'S NAME	MIDDLE LAST Par	r	15. MOTHER'S MAIDEN NAM	ME MIDDLE	rkehead
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		17. INFORMANT	ADDRESS	21204
	NO	217-22	-9989	Beatrice P	. Spence1639 Ha	
		one cause per line for (a), (b), on D BY: ECAUSE (a) DUE TO, OR AS A CONSEQUENCE.	uac.	anest		BETWEEN ONSET AND DEATH
NO		DUE TO, OR AS A CONSEON (c) Mulmatu CONDITIONS CONTRIBUTING TO	UENCE OF	T disease/milt	al value disease on Condition GIVE	40 gs-
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
1 E	On CO. INDIANA CALLES OF DE	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT I OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOWHILE AT WORK	21e. PLACE OF INJURY	, FARM, FTC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an	tal) ottended the deceased from 2 19_11) view the bady ofter death.		nd that in (my) (aur) apinion o	, to, 1 death accurred an the date and hour	9 87, that (I) (we) last and from the causes stated
	226. SIGNATURE	mongol	m	DEGREE ATTENDING PHYSICIAN ()	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
	Dan H. McDe	ougal, M.D.			Raven Blvd.	21239 532-47
	Burial, CREMATION, REMOVAL Burial	23b. DATE April 11, '87	NAME OF C		metery Baltimo	
	FUNERAL DIRECTOR Villiam E. John	nson 8521 Loc	h Rav	en Blvd APR	REC'D. BY REGISTRAR 956, REGISTR	ARTS SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending hystolan and c should be detached for use as the burial-transit permit. Then please remove carban appeals. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removals, a

CTATE OF MADVIAND

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	- 1

0506	8 8 AF		FOR STATE DREGISTRAR		DEPART		EALTH AND MENTAL HY	GIENE / I REG. O	b. 1 3	8	
			CEASED NAME FIR	251	MIDOLE		AST	2a DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
pe '	6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	GAY	ORS	ELLERS	PZ	RSONS	APRTI, 13.	1987	8	:55 A
May	0 0	3. SE		4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UND		UNDER 24 HRS
e de	z o s		MALE	BLACK		MARC		7.0	96 YRS	S DATS HO	DURS MIN.
R 3	100	To B	RTHPLACE (STATE OR FOREK		WHAT COUNTRY	2 8		9 BALTIMORE CITY	R COUNTY OF D	EATH	200
5/	5/1	1	VIRGINIA	U.S.A.		WIDOW	D NEVER MARRIED D	BALTIMORE	COLINATION		100
X	1	10 €	ITY OR TOWN OF DEATH	11. NAME OF		ING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b	KIND OF BU	USINESS OR
, de		P	FORT HOWARD		CHEACILITY, GIVE STREET			CAB DRIVER		DUSTRY	
ours		USU	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)					
24 1	The second	130.		LOUIER	CATLET		13d INSIDE CITY LIMITS?	ROUTE 1.		990	199
this is	S. S.	111.5	ATHER'S NAME			1	15. MOTHER'S MAIDEN NA	AME	DUA 242	1	-
× ×	1/2	13	T.F.E.	WIDOLE	DA DCONIC		FIRST	WIDOLE	m a	h a a a to to	- 5
, 5 5 6 7		160	VAS DECEASED EVER IN U	J.S. ARMED FORCES?	PARSONS 116b. SOCIAL SEC		AMANDA 17 INFORMANT	ADDRI		bscott	
	oge oge	4		YES GIVE WAR OR DATES)	F70 46	1100	CT 7317 CT 757	20000 10140	700m ##		100
e e	1 2 E	1		WI	579 46		CLINICAL REX	CORDS, VAMC,			
icot	ovo ovo		18 CAUSE OF DEATH (E) PART I. DEATH WAS O	nter only one couse pe CAUSED BY:			n			APPROXIMATI BETWEEN ONSE	
7	rem		IMA	MEDIATE CAUSE (a)	CARDIAC	ARRES	I.	100	1	ATIVIUME.	5
5 4	n. or				R AS A CONSEQU		TO ITEL DE STA		100		
re death o	otio	100	Conditions, if ony, wh		ARTERIOS		FIC HEART DIS	EASE		YEARS	
5 ±			couse (a), stating ounderlying cause la		DR AS A CONSEQU	JENCE OF					
tho of		M		(c)_							
S, 2	1000	1 2	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN	PART Ira	
red	1	ē	THROMBOPHLE						Y		
) M	Ede	CERTIFICATION	190 DATE OF OPERATION	196 CONE	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER		
The The	4	1 2						YES NO X	YES 🗌		40 🗌
Z Z Śś	0 F 0		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	110110 4	DF INJURY M. MONTH [DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART I O	R PART 21	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	111	18	(IF EITHER NOTIFY MEDICALE)		.M.	19					
DHY	10 2 3/	MEDICAL	21d INJURY OCCURRED	LAT HOME ST	OF INJURY	FARM ETC)	211 LOCATION STREET	CITY OR TO)WN CI	OUNTY	STATE
9 5	s th	1 2	AT WORK AT WORK							44.7	
107 i	eoft s mo		22a.1 certify that (I) (this	hospital) attended t	he deceased from	APRII	12 19 87	toAPRIL	13 19.8		r (t) (we) last
pito pito	2 of H		saw the deceased a	live on APRII.	13 19	87	nd that in (my) (our) opinion	death occurred on the d	ote and hour and	from the cau	ses stated
Hos A	hed ept.		226. SIGNATURE	1			DEGREE		2	22 DATE SIG	NED
the c	te D		1 che	6 Le	wan		ATTENDING PHYSICIAN	MEDICAL STA	FF X	4-13-	97
PIT	Sto		224 PHYSICIAN'S NAME				22e ADDRESS			4-13-	37
HOS	with the		PETER V. JU	JVAN, M.D.			VA MEDICAL (CENTER, FORT	HOWARD.	MD :	21052
of of S	Shoul MPO	23e	BURIAL, CREMATION, REM	OVAL 23b. DATE	1 23t	NAME OF C	EMETERY OR CREMATORY	236 LOCATION	,		
0660	100		(SPECIFY) Burial	4-16-	1/		MEMORIAL CEM	CITY OR TOWN	M.d.	NTY	STATE
4977		24.5	Dattat	14-10-	01	LUCOTIN	PIEROKIAL CEM	. Bulcianu	, PIC.		

DHMH - 16 60M 7/84 (VRA 15, 4)

M FUNERAL DIRECTOR T. C. Pinckney Spangler Funeral Home

ADDRESS 524 - 8th S* . N. B. APR 15 1987 Lindres Project Pr

THE PARTY OF THE P

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4/20

April 30, 1987 New Cathedral Cemetery

21133

Baltimore City,

Maryland

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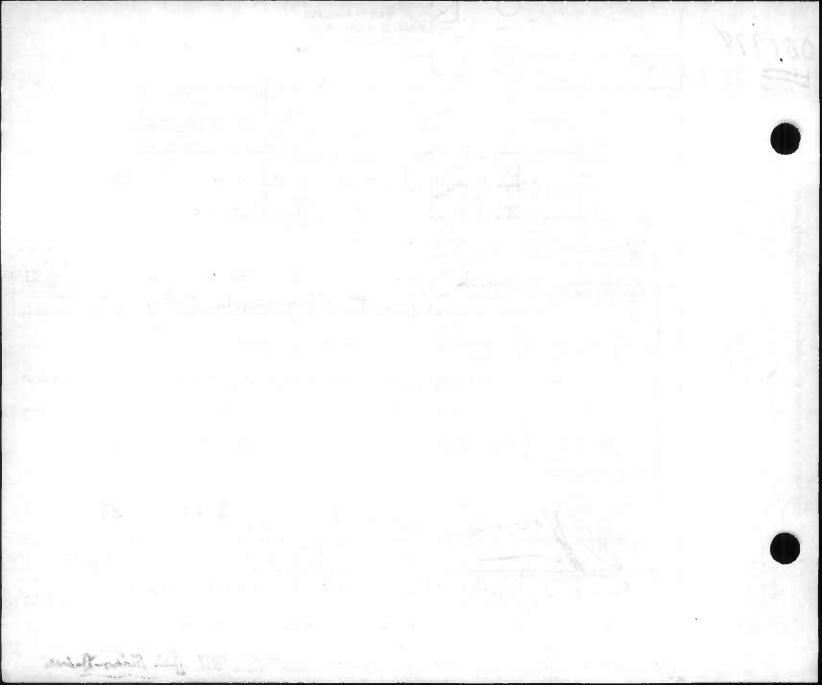
8728 Liberty Road

DHMH - 16 60M 7/84

(VRA 15, 4)

A FUNERAL DIRECTOR Byers Funeral Directors, Inc.

Randallstown, MD.



PENIAND 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (INYEARS LASI BIRTHD 1. DAY YEAR 1. DAY OBJECT HOLD 1. DAY YEAR OD OBJECT HOLD OBJECT O	VRS DAYS HOURS MIN. COUNTY OF DEATH COUNTY OF DEATH IZE KIND OF BUSINESS OR INDUSTRY Bowle St. Col
RACE S. DATE OF BIRTH A RACE S. DATE OF BIRTH AMARRIED O. BIRTHPLACE (STATE OF FOREIGN OCUMENTY) CANADA U.S.A WIDOWED OUTY OR TOWN OF DEATH OUS ON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) USUAL RESIDENCE INDUSTRIES AND HOLE THEEL ADDRESS INDUSTRIES ADDRESS INDUSTRIES INDUSTR	JAN JUNE I VEAR OF UNDER 2.1 HRS. WONTHS DAYS HOURS MIN. YRS. COUNTY OF DEATH COUNTY OF DEATH COUNTY OF BEATH COUNTY OF DEATH COUNTY OF D
RACE 1. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? B. MARRIED NOON OF DEATH TO US A WIDOWED DIVORCED TO CITY OR FOR MOST OF WISH AND STATE TO US ON THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TO US ON THE INSTITUTION	AND IF UNDER I YEAR IF UNDER 24 HRS WONTHS DAYS HOURS MIN. YRS COUNTY OF DEATH COUNTY OF DEATH COUNTY OF BEATH COUNTY OF BEATH PORKING LIFE INDUSTRY BOWIE St. CO. CIP CODE RETOR LAST TOWN
Temale Caucasian Do Go 35 a. Birthplace (state or foreign Do Citizen of What Country? B. Married Never Married Do Divorced Do	MONTHS DAYS HOURS MIN. COUNTY OF DEATH COUNTY OF DEATH COUNTY OF DEATH IZE KIND OF BUSINESS OR INDUSTRY Bowie St. Co. CIP CODE gton Lane 20716
O. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) CANADA USA WIDOWED DIVORCED DIVORCED 128 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STATE 13. COUNTY 13. COUNTY 13. COUNTY 13. COUNTY 13. COUNTY 13. CITY OR TOWN ARTYLAND Pr. George's Bowie 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 17. INFORMANT ADDRESS 1305 Raphael B. Penland BOW16	COUNTY OF DEATH COUNTY PORKING LIFE PORKING LIFE PORKING LIFE PORKING LIFE LIP CODE gton Lane 20716 LAST Town
CANADA USA WIDOWED DNORCED	County MIND OF BUSINESS OR INDUSTRY Bowie St. Co. CIP CODE gton Lane 20716
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 130. STATE 131. COUNTY 130. CITY OR TOWN 130. INSIDE CITY LIMITS? 130. STREET ADDRESS / Z 130. ST	PORKING LIFE) 12b. KIND OF BUSINESS OF INDUSTRY Bowie St. Co. IIP CODE gton Lane 20716 LAST Town
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134 STATE 134 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / Z 1305 Parking 136 STREET ADDRESS / Z 1305 Parking 136 STREET ADDRESS / Z 1305 Parking 136 STATHER'S NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT 17 INFORMANT 180 STREET ADDRESS / Z	gton Lane 20716 Town
John A. Keller Ethel Is Mother's Maiden Name First Middle Social Security No. 17 INFORMANT ADDRESS 1305 NO 315368316 Raphael B. Penland Bowle	Town
(1965, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 315 36 8316 Raphael B. Penland Bowie	
	e. MD 20716
	ION GIVEN IN PART To 10. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\sum \) NO \(\sum \)
21g. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH OF INJURY OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	NITEM 18 PART 1 OR PART 2)
21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN	COUNTY STATE
220.1 certify that If (this hospital) attended the decesed from	and hour and fram the causes stated
22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (TYPE OR PRIMA) 22e ADDRESS	21204
Eddie Hatchuda, MD Stella MARIS Dulaney	Valley Rd Tows
230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	COUNTY STATE
Burial APR 15, 1987 Resurrection Cemetery Clinton, F	
24. FUNERAL DIRECTOR JAME 16000 Bowle, MD 20715-3043 250. DATE REC'D. BY REGISTRARIZSI Beall Funeral Home Bowle, MD 20715-3043	Gulia Deviden Randall

20715-3043

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. should be detached for us

TO HOSPITAL

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1300 | First Communication Co

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	o i
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0399 49	1	STATE REGISTRAR	DEF		ICATE OF DEATH	REG. NO	10	
8 0 to 0		CEASED NAME FIRST Michael	Anthony	PEI	asi N	April 12,		3:45an
or 4 mo	3. SE	× Male	White	S. DATE O	172,1987	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE MONTHS DA	EAR IF UNDER 24 HRS
11999	7 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE WIDOWE	D NEVER MARRIED X	9. BALTIMORE CITY OF Baltimore	R COUNTY OF DEATH	ı Mı
T IS A	700	Baltimore	11. NAME OF HOSPITAL, NI		prother INSTITUTION Spital Center	120 USUAL OCCUPATION OF NOR OF NOR	ON F WORKING LIFE) 12b. KINI INDNST	D OF BUSINESS OF
200	Mai	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY Hari	other institution, give residence ord 13c. City or Edg		13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / 1710 Dear	ZIP COPE Edge Wood Court	wood ,MD : 21040
1/2	V		ennings Per	n	Michelle	Lynn	Taylor	LAST
1/1/2	60	VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? 166 SOCIAL None	SECURITY NO.		10 Dearwood chelle Lynn		0
physics physics npoper moval		18. CAUSE OF DEATH lEnter on PART I. DEATH WAS CAUSE	D BV	de ories	hous form	arrest	APPR BET WE	ROXIMATE INTERVAL EN ONSET AND DEATH
ires that the death gred by the ottend in please remove car burial, cremation, or ty, or other trauman		Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONS	Her's	Symples of the term	LINAL DISEASE OR COND	DITION GIVEN IN PART	11a
on. has being permit The sine price that sws on the sws	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED SES OF DEATH?
physicic entiticate trafficansit mital hygic	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR			
ter this care out we have but we have but we have have he have had have he hav	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	PEFICE, FARM, ETC. }	211. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
STENDER OF STORY OF THE STATE O		sow the deceased alive an abave, 14 (we) (did) (did)	April 12, wiew the body after death.	() /	nd that in (%) (aur) opinion			_, that (we) las the causes stated
FAL OR 3 F the horse CAL DIRE despited despited despited despited		276 SIGNATURE	selfoll of			MEDICAL STAF	F	113/87
ro Hospii etained b TO Funer shauld be with the St IMPORTAN		Salvatore Papa		954	9000 Fran	klin Square	Drive	
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 4/15/87		emetery or crematory r Memorial	Belair	Harford	Marÿla
DHMH - 16 60M 7/84 (VRA 15, 4)		onmellyFunera	-//	äceAve.	21221 250 DAT	APR" 14 198	REGISTRAR'S SIGN	door Randar

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1861

4/20

24. FUNERAL DIRECTOR Sterling Funeral Estate, P.A.

Edmondson Ave.; Catonsville, Md. 21228

FOR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

School

NO [

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S

Asserted building solved andreas test S . mak will become La racitte, Ft. E. c. d. Set of the Commet C. Fennington, S. O. S. Fattelle Vickers and Committee Comm Land 1270-30-126 2 J. Selve Compared Mr. Commonthe Md. and the second s Decree of the second se Danish and a little and the first order of the formation and the same Land Comment of the C

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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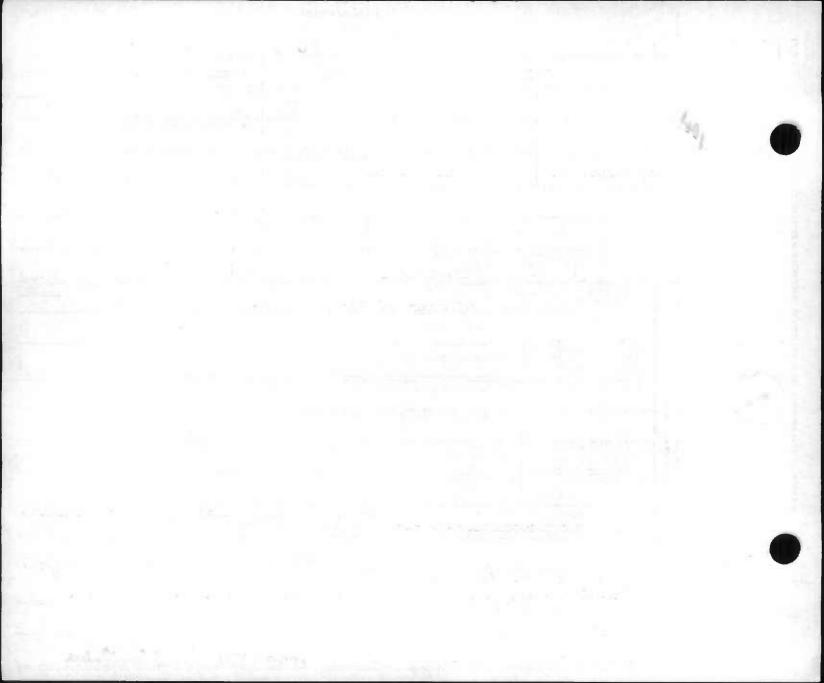
1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF DEATH

l RE	D _{NO.}	O	3	
OF DEAT	LI MONTH	DAY	VEAD	۳

1	7 REGISTRAR		CERTIFIC	AIL OF	1. J.		RECINO), 1			
1	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST				F DEATH		DAY YEAR	26 HOUR	
	MELVI		ŀ	PETERS			il 23,			10:20am	
ı		RACE	S. DATE OF	BIRTH	YEAR	6 AGE (IN	YEARS LAST BIRTI	HDAY)	MONTHS DAYS	HOURS MIN.	
V	MALE	BLACK	7	06	1918	68	NO. 617 V 64	YRS.	OFFICE		
1	COUNTRY	CITIZEN OF WHAT COUNTRY?			MARRIED 🗆		DRE CITY OF				
4	MARYLAND OCITY OR TOWN OF DEATH 11.	U. S. A. NAME OF HOSPITAL, NURSING	WIDOWED		VORCED [OCCUPATION			MD. OF BUSINESS OR	
	Perry Point, Md.	VA Medical	enter	OTTER IIVS		STORE	KEEPER	WORKING LIFE	INDUSTRY	Company elephone	
	USUAL RESIDENCE (IF NURSING HOME OR OTH 138. STATE 136. COUNTY	131 CITY OR TOWN	ADMISSION)	3d. INSIDE (CITY LIMITS?	13e.STREET	ADDRESS /	ZIP CODE	Maryla	nd 21215	
4	MARYLAND	Baltimore		YES X	NO [3916	Edgewo	od Ro	oad. Ba	ltimore,	
M	14. FATHER'S NAME FIRST MIDD		1		S MAIDEN NAM	/E	MIDDLE		LA		
	Benjamin 160. WAS DECEASED EVER IN U.S. ARMED	Peters Peters Peters	217///0		abel		-A DDDDE		A11		
	(YES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES)			Mrs.		Bart	lmore	e, Mary	land	
	Yes WW	-		Winiti	red M. P	eters	3916	Edge		d. 21215	
1	18. CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY	V							BETWEEN	ONSET AND DEATH	
1	IMMEDIATE C	AUSE (o) Pulmonary	embol	Lism,	possibl	<u>e</u>					
ı		DUE TO, OR AS A CONSEQUE	NCE OF								
1	Conditions, if any, which	(b)									
ı	gove rise to immediate couse (a), stating the	gove rise to immediate									
1	couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO REATH BUT NOT BELATED TO THE TERMINAL DISEASE OF CONDITIONS CONTRIBUTING							F			
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								0	
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	ITION FOR WHICH OPERATION WAS PERFORMED		RMED					WERE FINDINGS USED	
-	TIEN .	The second				YES NOTE IN CERTIF		FYING CAUSES OF DEATH?			
1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	OF INJURY L.M. MONTH DAY YEAR 21c. HOW INJURY OCCL			JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.									
1	OR CONTRIBUTING CAUSE OF DEATH (IF ETIMER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED	21e PLACE OF INJURY		ZIF LOCATI			CITY OR TOW	vN	COUNTY	STATE	
1	₩HILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	REET, FACTORY, OFFICE, FARM, ETC.) STREET			CITY ON TO WA				STATE	
1	22a.1 certify that (X(this haspital)	22a.I certify that (K)this haspital) attended the deceased from January 3 19.87 to April 23 19.87 MEKKENER									
١	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX the vacce and the vary XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									
1	226. SIGNATURE							SIGNED			
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						4-23-87			
٦	22d. PHYSIO AND NAME TYPE OR BE	22d. PHYSICIAN'S NAME (TYPE OR PENSI)			27e. ADDRESS 44-23-67						
	,	MELECIA SANTOS, M.D. VA Medical Center, Perry Poir						int, M	d.		
	23a. BURIAL, CREMATION, REMOVAL (SPECIFY)	236. DATE 23c. N	AME OF CEA	METERY OR	CREMATORY	23d LOC	ATION		COUNTY	STATE	
	Burial			e Nati	onal Ce		altimo	ore.	Ma	ryland	
-	24 NOTE THE GORSONS FUNI						REGISTRAP		RARS SIGNA		
	2501 GWYNNS FALLS			21216	ADDO	0 1097	A.s.	Nord	Park	ALC:	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - OSTATE CERTIFICATE OF DEATH DECEASED NAME MIDDLE 2a DATE OF DEATH 2h HOUR Vincent B. Petrecca April 24 198 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX August 20 1926 Male White IN BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED ENEVER MARRIED Maryland USA Baltimore County DIVORCED [WIDOWED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR CH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Dundalk Trappe Road Steel Worker Beth Steel BALTIMORE, MARYLAND 21201 13e.STREET ADDRESS / ZIP CODE 7708 Trappe Rd. 21222 113d. INSIDE CITY LIMITS? Baltimore Maryland Dundalk 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Vincent Antonina Petrecca Ficcia 17 INFORMANT Barrimore, MD 21222 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Elizabeth B. Petrecca 7708 Trappe Rd. 212-20-0681 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). PART I, DEATH WAS CAUSED BY: PULMONARY FAILURE IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF NON STALL CELL LUNG CA Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION NONE 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OF TOWN AT HOME STREET, FACTORY OFFICE FARM ETC I NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive an. and that in (my) (aur) opinian death accurred on the date and have ond from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226. SIGNA) DEGREE

23a. BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT

23¢ NAME OF CEMETERY OR CREMATORY

Baltimore

GOEN. WOLFE STREET, THOC

DIRECTOR | PHYSICIAN

41.21205

Maryland

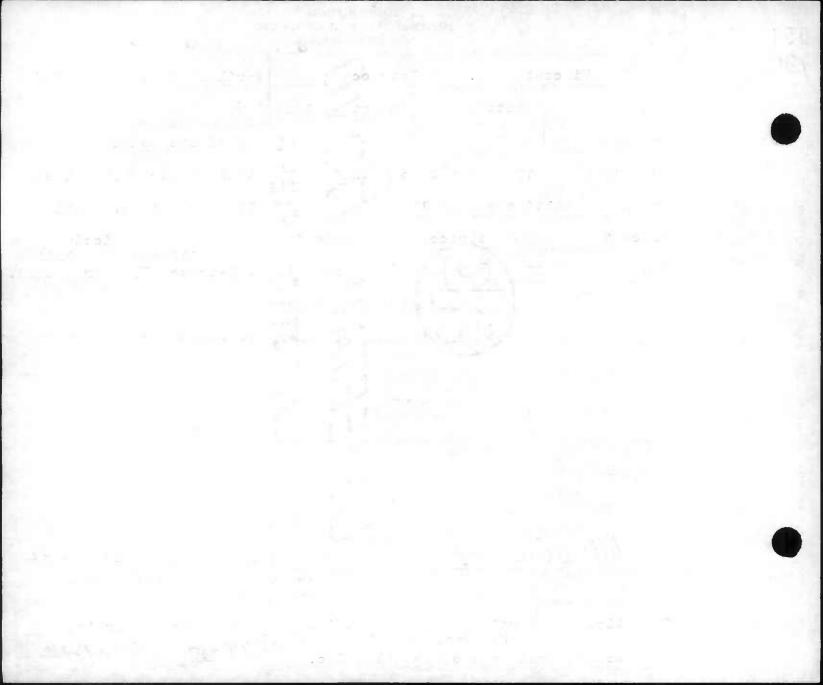
DHMH - 16 60M 7/B4 (VRA 15, 4)

uld be detoc h the Stote E

Cremation April 27, 1987 Westview 24 FUNERAL DIRECTOR

Ave. Dundalk, MD Bil Baffeco By REGISTRAR 256 REGISTRAR'S SIGNATURE

Duda-Ruck Funeral Home of Dundalk, Inc.



05129	1 0	FOR STATE 0.7 REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	6 5
oy be soge 3 death		DECEASED NAME FIRST WERNE	R Carlos	PETZOLD	20. DATE OF DEATH MONTH April	19,87 Land
ge 4 may ector. pag irs after d	3. :	MALE	4 RACE WHITE	5. DATE OF BIRTH MONTH DAY Aug 14, 1923	6. AGE (IN YEARS LAST BIRTHDAY) 63 YR	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
death. Pa	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Germany	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED WIEVER MARRIED WIDOWED DIVORCED	BALTIMORE	COUNTY MD.
offer d wit	8 10	Towson	(IF NOTING SUCH FACILITY GIVE STREET ST. Joseph's	G HOME OR OTHER INSTITUTION ADDRES Hospital	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING Manufacturers	Rep- Rep- Rep- Rep- Rep- Rep- Rep- Rep-
24 hourst be	5 13	Md. Bal	PROTHER INSTITUTION GIVE RESIDENCE BEFORE INTY Cockey	Sville YES NO V	resentative 10915 Gateviev	Road, Cockeys
within blered	30		Frederich Petzo		Clara	Ruckle
amed control	1 160		RMED FORCES? IVE WAR OR DATES) 578-58-6		nd Petzóld, 10915	ockeysville, MD. Gateview Rd.
ING PHYSICIAN: The law requires that the death certificate by within 24 hours in other this certificate has been signed by the attending physician. When this certificate has been signed by the ottending physician and a signed by the ottending physician and a signed by the outenance corbon papers. In and Mental Hygiene prior to burial, cremation, or removal. On the minimum that has been been any injury, or other traumotic event, the medical examiner must be fall or them.		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), an ED BY: ATE CAUSE (a) CAYALO QUE DUE TO, OR AS A CONSEQUE (b) NAJACAYA DUE TO, OR AS A CONSEQUE (c)	Therand arros		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TOUT Thours
te law requires on. has been signed permit. Then plene prior to buri	2 NOINT STATE			DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES \(\text{NO} \)
PHYSICIAN: TI ending physicians is certificate the buriol-transified and Mental Hygin	9 January	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED	HOUR A.M. MONTH DA	19 211 LOCATION	RRED (ENIER NATURE OF INJURY IN ITEM	
TTEND pital o prol o for use of Heal		sow the deceased alive a above (1) we) (did) (did n	ortal) attended the deceased from n191919191919		, to 4 1 q	
HOSPITAL OR A toined by the hospital OR A CHUNE ALD DIRECT ON THE STORE DIRECT THE STORE DEPT.		226. SIGNATURE 226 PHYSICIAN'S NAME (TYPE	ORPRINT) OR PRINT)	DEGREE ATTENDING PHYSICIAN 276. ADDRESS MO ST OGE	MEDICAL STAFF DIRECTOR PHYSICIAN	2000 W COM
AAP AP	-	DAILLING	LI.CALCESOID	1101 01 7096	PH CHIKIOLO	aco Pooli

230. BURIAL, CREMATION, REMOVAL

Cremation

231 NAME OF CEMETERY OR CREMATORY 21,1987 Westview Mem.Pk.

Cattonsville, Balto. Co. Maryland

24 FUNERAL DIRECTOR Padonia Rd., Timonium Martin D. Lawson, 10 W.

Apr.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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urbanpapers. Pages 1 of

TO FUNERAL DIRECTOR. After this certificate has been signishould be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requiretened by the hospital or attending physician.

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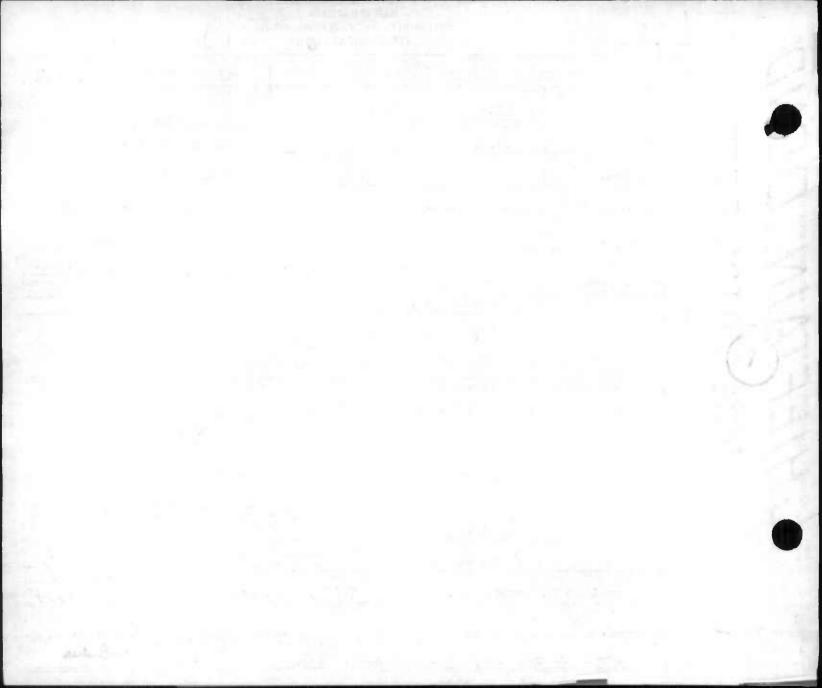
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEICATE OF DEATH

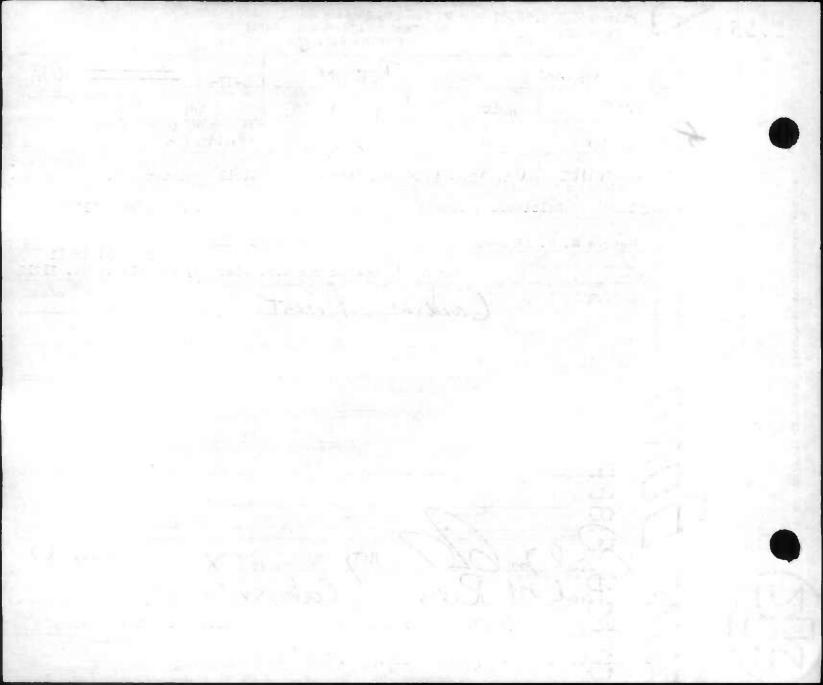
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1. REGISTRAR					CATE OF DEATH	REGI			
I' DECEASED NAME	FIRST		MIDDLE	U	AST	20. DATE OF DEATH	MONTH E	DAY YEAR	2h HOUR
(TYPE OR PRINT)	WILLIA	AM T	AYLOR	PIE	RCE	April 30	, 1987		6:5
3. SEX	4	I. RACE		5. DATE O		6. AGE (IN YEARS LAST E		IF UNDER TYEAR	
Male		White	е	Dec	. 26, 1905	81	YRS.	MONTHS DAYS	HOURS
BIRTHPLACE (STATE	OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
Maryland		U.S.	A.	WIDOWE		Baltimor	e Count	ty,	
Towson	EATH 1	(IF NOT IN SUC	HOSPITAL, NURSII TH FACILITY, GIVE STREET 00 South	T ADDRESS)	ROAD	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Civil	OF WORKING LIFE	INDUSTRY	OF BUSINES
USUAL RESIDENCE (IFN	URSING HOME OR C	OTHER INSTITUTION.	GIVE RESIDENCE BEFOR	RE ADMISSION)				-+	
Maryland		timore	13t. CITY OR TOV		YES NO X	13e STREET ADDRESS 800 Sout		Road	2120
14 FATHER'S NAME	N	NDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		L	151
Walter		Lee	Pie	rce	Alice	Middle		Taylo	
160 WAS DECEASED EV			166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADD	RESS		
NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)	280-05-0	0006	James L. Pie	rce 313 W	. 30th	Stree	5: 212
18 CAUSE OF DE	ATH (Enter only	y one couse per	line for (a), (b), a	nd (c). I	1 , _	1 //		APPRO BETWEEN	XIMATE INTERV
PART I. DEATH	WAS CAUSED	BY.	(T) (A	e th	5 to L' (a	B) M	an.	10.0	
Conditions, if a gave rise to couse (a), stunderlying co	ny, which immediate oting the use last.	DUE TO, Q) /	Pict P	L prom				
gove rise to couse (o), strunderlying co	ny, which immediate of the use lost.	DUE TO, O DUE TO, O (c) ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM		20b. IF YES	, WERE FIND	INGS USED
gove rise to couse (o), strunderlying co	ny, which immediate of the use lost.	DUE TO, O DUE TO, O (c) ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	20b. IF YES		INGS USED
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poge 3		CEASED NAME FIRST KIRVAN	Henry	PIER	SON	20 DATE OF DEATH	3 37 E	26 HOUR 10 PM M
s ofter o	3. SE	* MALE	White	5. DATE OF I	PAY DAY	6. AGE (IN YEARS LAST BIR	YRS. MONTHS D	DAYS HOURS MIN.
A THE	70. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTY	MARRIED WIDOWED	NEVER MARRIED [Daito C	20.	MD.
190	10. C	ockeyeoille	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST Wary and	REET ADDRESS)	Home	(TYPE OF WORK FOR MOST Civil Engi	OF WORKING LIFE) INDUS	Pierson Co
24 hours	130	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN Bal	other institution, give residence be ity I3c, CITY OR T Towso:	OWN 113	INSIDE CITY LIMITS?	13e STREET ADDRESS 205 E . J	/ ZIP CODE	21204
1080		George W. H.				ret Hiller		LAST
		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO			George W.	H. Pierson,	II Balto.,	
guines that the death certing to the attending that please remove carbo has please remove carbo has please or the transmitter.	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF	DT RELATED TO THE TE	rminal disease or con	NDITION GIVEN IN PAI	RT 110
Not bear 12	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAI YES	INDINGS USED USES OF DEATH? NO
the sertificate the sertificate the building physical from the phy	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER 210. INJURY OCCURRED WHILE NOT WHILE ALWORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19	It. LOCATION STREET	URRED (ENTER NATURE OF INJU	1.00	
ATTENDING couplies or or ECTOR After and for use as at all throth, and 21 is more	18	22a 1 certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did na		and	, 19 that in (my) (our) opinio	, to an death occurred an the d		. that (I) (we) last in the causes stated
O HOSPITAL OR regulated by the h too lid be designed. The FUNERAL DIR MANUAL	1	THE PHYSIAM SNAME LYPE C	RPINTS NOA	M	ATTENDING PHYSICIAN ADDRESS COLLE		FF M	-28-87
BP	23a.	BURIAL, CREMATION, REMOVAL			ETERY OR CREMATO	234 LOCATION		
Dr		Burial	4/30/87	Loudon		Baltimon	re City, Ma	aryland



equires that the death certificate be executed within 24 hours after death. Page 4 may be

uneral director. page 3

by the

en signed by the ottending physicion and completely filled

should be detached for use as the burial-transit permit. Atom peose remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval. IMPORTANT; If them 21 is marked or Item 18 shaws any injury, or other traumatic event, the

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TO FUNERAL DIRECTOR: After this certificate has be TO HOSPITAL OR ATTENDING PHYSICIAN, The retained by the hospital or attending physician.

STATE OF MARYLAND

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MEG. NO.	0	Ö

	1 -	FOR STATE REGISTRAR		DEPARTM		FICATE OF DEATH	GIENE DEG. N	6 8			
P		CEASED NAME FIRST OR PRINT) BEATRI		MIDDLE	. 2	PLAINE	20. DATE OF DEATH	MONTH DAY 4-6-1	YEAR 7	26. HOUR	2
-	3. SE)		1. RACE	DLINSKY	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	RIYEAR	IF UNDER HE	RS.
		MALE	WHITE		MACANIT		66	MONTHS	DAYS	HOURS MI	N.
	7a. Bli	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	R	v	B BALTIMORE CITY O	YRS. OR COUNTY OF DE	ATH		
7		YLAND	USA		MARRIE	DIVORCED		RE COUNTY			
-	10. CI	TY OR TOWN OF DEATH	1. NAME OF	HOSPITAL, NURSING	3 HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b.		BUSINESS	MD. OR
2		NDALLSTOWN	BALTI	MORE COUN	TY G	EN. HOSP.	HOUSEWIF		AT HO	OME	
7	130 S MA	RYLAND BALT		OWINGS M	1	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS		#21]	117	
3) FA	THER'S NAME FRANK	PC	LINSKY		15. MOTHER'S MAIDEN N	AME	FRIEDM	AN LAST		
	16a W	VAS DECEASED EVER IN U.S. AR/ VES NOOR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR		17. INFORMANT ME OWINGS MI		AINE 1-1	B SHA	ASTA C	IR.
	NOI	Conditions, if ony, which gove rise to immediate couse lost, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C ANTIMA 20	((c)	R AS A CONSEQUE		NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN F	PART No		=
1	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH (OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C			
1		7 I a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			Y YEAR	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU		PART 2)		
	MEDICAL	ZIG INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	IWN COL	UNTY	STATE	
		22a 1 certify that (1) (this hospit saw the deceased alive on above, (1),(we) (did) (did not 22b. SIGNATURE	4-	6 198		nd that in (my) (our) opinio		220			ost
-		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	X		ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA		4-1	6-87	7
	72	ORIANDO F	s. Con	HANNE M	d) -	BC64.	PANDALISTE	we no.	2/1	153	
	(BURIAL, CREMATION, REMOVAL SPECIFY)	APR.8	,1987 BE	TH TE	EMETERY OR CREMATORY	BALTIMOR		MARY	LAND	
		INERAL DIRECTOR SOL NAME 10 REISTERSTOWN		ON & BROS BALTO., M		NC. 21215	PR 1 4 1987	751 REGISTRAR'S S	IGNATU	RE	

DHMH - 16 60M 7/84 (VRA 15, 4)

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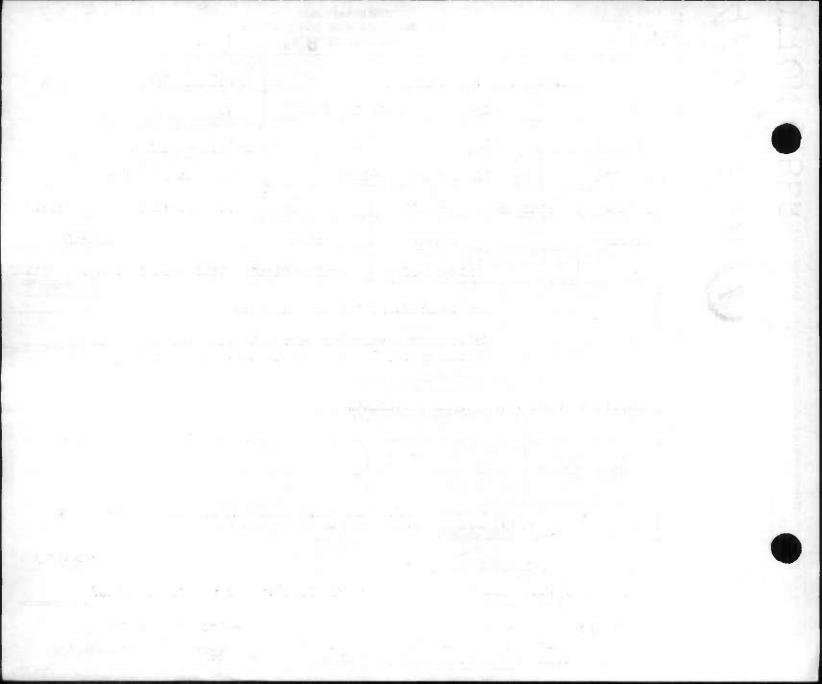
24 FUNERAL DIRECTOR

STATE OF MARYLAND

919	STATE REGISTRAR			DE		ICATE OF DEATH	GIENE	REG. NO	1 0	7		
	CEASED NAME	FIRST		MIDDLE	ι	AST	20. DATE	OF DEATH	MONTH	DAY 1	YEAR	26 HOUR
,		Ethel	Paul	ine F	PLASKIE		Apr	il 23.	1987	7		8 . 55A M
3. SE	х		RACE		5. DATE C			N YEARS LAST BIRT		IF UNDER	1 YEAR	IF UNDER 24 HRS
F	emale		Whi	te	July	11, 1907	7	9	YRS	MONTHS	DAYS	HOURS MIN.
	RTHPLACE (STATE OR I COUNTRY) Virginia	FOREIGN 7	LSA	WHAT COU	NTRY? 8. MARRIE WIDOWE	D NEVER MARRIED D		ore city <u>or</u> timore	R COUNT		ATH	MD
	TY OR TOWN OF DEA	ATH 1	(IF NOT IN SUC	H FACILITY, GIV		OR OTHER INSTITUTION	12a USUA TYPE OF W	ork for most of	DN FWORKING L	(FE) INDU		F BUSINESS OR
13a.	AL RESIDENCE (IF NURS STATE (aryland	136 COUNT		13c. CITY O		13d. INSIDE CITY LIMITS? YES NO XX		ADDRESS /			ad	21222
14. F/	ATHER'S NAME PIRST Preston	М	IDDLE		oone	15. MOTHER'S MAIDEN NA FIRST Bertha	AME	MIDDLE		M	lalc	olm
	WAS DECEASED EVER		ED FORCES?	16b. SOCIA	L SECURITY NO.	17 INFORMANT		ADDRE	SS			
	No	(IF TES, GIVE	WAR OR DATES	214-7	74-3320	Elaine Bi	erly	7525 W	estf:	ield	Rd.	212
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (Purulent bron		DUE TO, brainstea uei			NOT RELATED TO THE TERM	entral	hypov	entil	VEN IN PA	ART 110	GS USED
TIFIC							YES 🗆	NOT		FYING CA	AUSES	OF DEATH?
MEDICAL CER	21a, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI- 21d. INJURY OCCUR! WHILE NOT WAT WORK AT WORK 22a. I certify that Medicals sow the decessions of the decessions.	CAUSE OF DEAT CALEXAMINER) RED ILLE	21e. PLACE ((AT HOME STR	M. MONT M. OF INJURY BEET, FACTORY. e deceosed	OFFICE, FARM, ETC)	21c. HOW INJURY OCCUR 21f. LOCATION STREET 3 198719 ad that in 1990 (our) opinion	, to	city or tov	3,	cour	NIY	STATE that (we) lost couses stated
	221 PHYSICIAN'S N. Bradley	AME TYPE OR	2 /	no	MY	ATTENDING PHYSICIAN (270 ADDRESS 9000 Frankl		OR PHYSIC	IAN	212	4/-	23/87
23a. I	BURIAL, CREMATION,		23b. DATE	/	23c, NAME OF C	EMETERY OR CREMATORY		CATION	, , ,		-	
	(SPECIFY) Burial		4-27	-87	Oak I			ltimor	e Ma:	rylar		STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

4-27-87 Oak Lawn Duda-Ruck Funeral Home of Dundalk 256 DATE REC'D. BY REGISTRARY DERECTOR BY REGISTRARY DERE 7922 Wise Ave. Dundalk, MD 21222



					STATE OF MARYLAN	ID				
		1	FOR	DEPARTA	MENT OF HEALTH AND MI	ENTAL HYGII	ENE			
-		1 -	STATE REGISTRAR		CERTIFICATE OF DE	ATH /	1 0	1 /	U	
DOLL	22 0	1.05	Pearle	. Podlich			REG. NO		-	
707	1621		CEASED NAME FIRST	WIDDLE	LAST		26. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
o e o		1 4	PEAR	E. P	odlich			4 12	87	Q15 A.
poge poge		3. SE		4. RACE	5. DATE OF BIRTH	-	AGE (IN YEARS LAST BIRT		NDER I YEAR	IF UNDER 24 HRS
4 m lor. p ofter		3. 36.			MONTH DAY	YEAR	AGE (INTERRISERS) BIRI	MON		HOURS MIN.
acto rs o		1	emare	white	1 20	95	42	VPS		11 - 11
Par dir	6)1	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.		BALTIMORE CITY O	COUNTY OF	DEATH	
\$ 05%	87 /		OUNTRY	INC A	MARRIED NEVER MA	ARRIED 🛄	_			
o e	3	~	laryland	USA		ORCED _	buth	mor	2 W	Unty MD.
The distance of the second	9	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		UTION	120 USUAL OCCUPATION			F BUSINESS OR
to the	75/	(1)	VPUSVIII P.	(IENOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST O		INDUSTRY	
Su GH	e u	W	JECU SVIII C	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	LUCK BYAGA	m // 0 /	Home Make			Home.
ho d	7	13a S	TATE 136 COUN			Y LIMITS?	THE STREET ADDRESS	7IP CODE		101 TO Hallowell
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E ZE	0 000	141 F A	THER'S NAME	100011045	15. MOTHER'S A			7.14	0,	LUSIVE
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	0 /		AS DECEASED EVER IN U.S. AR				ADDRE	55		21013
o ond o	edica	- 1,	ES. NO OR UNKNOWN) (IF YES, GI	216-46-	115/11 Mag 7	Donal E	Mallamana	12611	D l-	
5 C C	2		NO	10 76	434 V MIS. 1	Pearl f	. McNamara	TOOTT		
sic sic	Œ		18 CAUSE OF DEATH (Enter or	ly one couse per line for (a), (b), and					BETWEEN	MATE INTERVAL
ohy nov	ent		PART I. DEATH WAS CAUSE	E CAUSE (0) ADENO CAR	andoma OF	BOWEL				
erf ood ren	•		IMMEDIA	E CAUSE (b)	21/00/100	JUWE L				
th of	oto			DUE TO, OR AS A CONSEQUE	NCE OF					
death	1		Conditions, if ony, which	(6)						
9 11	F.		gove rise to immediate							
1 165	1		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF					
수 수 등	2		onderlying coose iosi.	(Ic)						
5	2		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED T	O THE TERMIN	NAL DISEASE OR CONE	ITION GIVEN	N PART 110	
inb Tag	1	Z	CHOONERIA	100 = = 18010	my Tanclures	- 10 A				Λ
it. T	>	Ĕ	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	ODEDATION WAS DEDUCED		200 AUTOPSY?	206. IF YES, W		
low de se pre	200	Š	198 DATE OF OPERATION	198. CONDITION FOR WHICH	OPERATION WAS PERFORM	WED	200 AUTOPST:	IN CERTIFYIN	G CAUSES	OF DEATH?
he he	WD	1					YES NO	YES [NO 🗌
A: T	8 %	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21c. HOW INJU	JRY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM IS PART I	ORPART 2)	
ICIAN B phy entific iol-tro	- 0		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR					
SIC	He H	S	(IF EITHER NOTIFY MEDICAL EXAMINE		19					
HY Piss MA MA	ō	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	4	CITY OR TO	VN	COUNTY	STATE
on the	9	Σ	WHILE NOT WHILE	TAT HOME, STREET, PACTORY, OFFICE, P	ARM, EIC.)					311114
T A A	morked				7/7	200				
Z - Z S -	IS II			tol) ottended the deceased from_	7	19_05_	to			that (I) (we) last
of for	21		sow the deceased alive an	t) view the body ofter death	and that in (my) (a	our) opinion de	eath occurred on the do	te and hour an	d from the c	couses stated
R A Per SEC ed ed pt.	Hea		22b. SIGNATURE	I view the body offer death	DEGREE				22c DATE S	SIGNED
O e Co	*		1 1 00	111.		TENDING .	MEDICAL _ STAF	F	11	
HOSPITAL OR ATTENDING PHYSICIAN: nined by the hospital or attending phys NURRAL DIRECTOR. After this certifical build be detached for use as the burinal-trans the State Dept. of Health and Mental Hy	Ë		Malter	men 142	PH	YSICIAN	DIRECTOR PHYSIC	IAN 🗌	4/1.	3181
VER St.	Y I		22d. PHYSICIAN'S NAME (TYPE C	R PRINT)	22e ADDRESS					
HOSP Hed He the	DR.		W=14 D **	V	2022 -					
etained TO FUN shauld b	MPORTANT:		Walter R. H	epner, III M.D.	3313 I	apermi	11 Road P	noenix,	Md.	21131
E o F z x	-		URIAL, CREMATION, REMOVAL	236 DATE 23c N	NAME OF CEMETERY OR CR	EMATORY	23d. LOCATION			
BP			Burial	Apr.14,1987 Mc	reland Mem.	Cem.	Parkvill		TO I	MA
DF	-	-		1.151.11.1501 LIC	2020112 11019					Md.
DHMH - 16 60M	7/84	24 FL	INERAL DIRECTOR	ADDRESS 7	.050 York Road	7	REC'D. BY REGISTRAR	Sb. REGISTRAR	SSIGNATI	JRE
(VRA 15, 4		R		ral Home, Inc. 7	TOTAL TOTAL	APR	2.0 1987	in Device	bon Ran	adall.
				TOT DOMES THE	owson Md 212	1/1				

1 14 17

APRICE STATE OF STATE

DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-S. DEATH MATED DANTEL PORTER 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c DATE YEAR LAST BIRTHDAY PRONOUNCED SUR Male White 1.1 25 54 32 YRS DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED FOREIGN COUNTRY Maryland USA Baltimore County WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! Middletown Rd. nr. Bulls Saw Mill Freeland Truck Driver Rd. ISUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 13a STATE 1136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore Dundalk Maryland 7221 Dunglen Court NO X LEATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST John Junior Porter Loreen Mary WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS GIVE F Yes Vietnam Patricia A. Porter 3135 Yorkway 213-64-7550 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) AS A BURIAL - TRANSIT PERMIT. ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple injuries DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (a) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EX EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A E AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH , BALTIMORE, MARYTMANG, 21,201 PRÍOR TO BURIAL, CREMI 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOOR 2:40 M. 4-28- 19 87 CONTRIBUTING CAUSE OF DEATH Operator of motorcycle that lost control. 21e PLACE OF INJURY LATHOME. 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Middletown Rd. nr., road Freeland, Bulls Saw Mill Inspection 220 I certify that I took sharpe of the remains described above held an Accident XX death resulted from Homicide Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DHMH - 17 (VR A15 ME (5)) Burial

24. FUNERAL DIRECTOR

FOR

REGISTRAR

- STATE

Duda-Ruck Funeral home of Dundalk 7922 Wise Ave. Dundalk, MD 21222

Hillcrest Burial Park Cumberland Maryland 250. DATE REC'D. BY REGISTRAR, 250 REGISTRAR'S SIGNATURE

28

19 87

1987

17h. KIND OF BUSINESS

SCM Chemical

OR INDUSTRY

2d HOUR

3:45

21222

Speilman

21222

BETWEEN ONSET AND DEATH

20 AUTOPSY?

YES X NO 1

4-29-87

STATE

STATE

MD



	FOR
-	STATE
	DEC INTO AD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		27% 3	*3"	1/2
	1	1 2 2	/	1
	- 1	RIG NO	e/	E/H

1		REGISTRAR			CERTIF	ICATE OF D	FAIH	-	REG. N	0.1	6		
1		CEASED NAME FIRST		MIDDLE	L	AST		20. DATE O	FDEATH	MONTH D	DAY YEAR	2b HOL	JR
9	TAPE	Rober	t	E.	PREST	NC		April	16,	1987		3:5	5P "
-	1. SE)	X	4 RACE		5. DATE C		W	6. AGE (IN)	YEARS LAST BIR		FUNDER TYEAR	IF UNDER	R 24 HRS
1	_	Male	Whit	е			, 1919	67		YRS.	DATS	HOURS	MIN.
-	Ta. Bil	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER A		9 BALTIMO	RE CITY O	R COUNTY	OF DEATH		
7		Maryland	US		WIDOWE	DO DI	ORCED			Count	СУ		MD.
1	7	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET	ADDRESS)		ITUTION		K FOR MOST C	F WORKING LIFE			
		Rossville AL RESIDENCE (IF NURSING HOME O		klin Squa		spital		Defen	se De	pt. Al	berdeen	, N	ld.
3	13a. S	Md. Bal	NTY	13c CITY OR TOWN Perry H	N	13d INSIDE C	TY LIMITS?			zip code s Scho	ool Hou	21237 ise F	
34	FA	THER'S NAME FIRST Elmer	Prest	LAST			MAIDEN NAM	ΛE	WIDDLE	W	nite	т	
1	16a V	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17. INFORMA			ADDRE		11.00		
	()	The state of the s	- Korea	216-09-2	442	Mrs.De	ris E.	Prest	on S	ame			
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)_	Myocard R AS A CONSEQUE Tschemi R AS A CONSEQUE C.O.P.I	NCE OF COINCE OF		Artery	Diseas	se				
Y	CERTIFICATION	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO D				200 AUTO		20b. IF YES,	, WERE FINDIN	NGS USE	TH?
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICÁL EXAMINE 21d. IN JURY OCCURRED	AIR	M. MONTH DA M.	Y YEAR	21c. HOW IN	JURY OCCURRE	ED (ENTER NA	ATURE OF INJUR	RY IN ITEM TS PA	ART T OR PART 2)		
1	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	ARM. ETC)	STREET			CITY OR TO	WN	COUNTY		STATE
		220.1 certify that (1) (this hasp sow the deceased alive or	0.1	1-11 19 8	H , an	-	, 19.P6 (aur) apinion de	, ta eoth occurre	ALIC ed on the do			that (I) (
		22b. SIGNATURE	del	N	1.8,0	1.D F	TTENDING HYSICIAN	MEDICAL DIRECTOR	STAF	FIAN	22c DATE	SIGNED	+
		Prakash C.	Patel,	ſ.D.		22e ADDRES:	00 Wyma	n Par	k Dr.	2121	.1		
	23a B	BURIAL, CREMATION, REMOVAL SPECIFY Burial				EMETERY OR C			OR TOWN		COUNTY		STATE
	-		Apr.20	, 1987 Gd	ns. c	f Faitl			timor	_		aryla	and
		INERAL DIRECTOR Leonard J. Rucl	, Inc.,	5305 Harf	ord R	d.	API	REC'D. BY R	1987		COLDEN	-	4
- 3										4		-	3

DHMH - 16 60M 7 44 (VRA 15, 4) .0.0.0.0

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	79.	- 4	100
-	REG. NO.	1	15
0	KEG. NO.		2

7	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	1 / 4	
	1. DECEASED NAME FIRST	WIDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
	30 h n	1=	QU	ich	4 -	22-1987	135 am
	3. SEX	4 RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS
	e male	white	MONTH C2 H		82	YRS MONTHS DAYS	HOURS MIN.
-	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TDV2 8	X NEVER MARRIED	9 BALTIMORE CITY OF		
2	Pennsylvania	U.S.A.	WIDOWE		Baltimor	e County	MD.
	HE CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME O		12a USUAL OCCUPATIO	ON 126. KIND C	OF BUSINESS OR
d	Randallstown	Baltimore Co.		Hognital	Carpenter		ustical
	SUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE					uscicai
3	13a. STATE 13b COUN				13e.STREET ADDRESS /		1704
-	Maryland Car	croll Sykes	ville	YES NO X		olow Road 2	1784
1	FIRST	MIDDLE LAST		FIRST	WIDDLE	LA	
6		F. Qui		Carrie		Wal	
Ē.	160. WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IFYES, GIV	/E WAR OR DATES)	SECURITY NO.	17. INFORMANT		Ytholow Road	
0	NO	188-C	7 –1256	Helen E. Qui	.ck Sykesvi	lle, MD 217	
	18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (t	b), and (c).)			APPROX BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (D) COAD	loc c	aprest.			
		DUE TO, OR AS A CONS					
	Conditions, if any, which		a nein	1 eDuma			
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF		-		
	underlying couse lost.	1 COND		ic shock	4		
	PART 2. OTHER SIGNIFICANT C				INAL DISEASE OR COND	TION GIVEN IN PART 1	0.
	NO NO						
-	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDI	
-	H H H				YES NO	IN CERTIFYING CAUSES YES	NO
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE		Y IN ITEM 18 PART 1 OR PART 2)	
	0.0000000000000000000000000000000000000		I DAY YEAR				
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e. PLACE OF INJURY	19	21f LOCATION		-	
		(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC)	STREET	CITY OR TOV	AN COUNTA	STATE
	22a.1 certify that (I) (this hospi	tal) attended the decorred to	rom H	-22 10 82	10 H-	2.2 10 2 >	ahea (IV (via) lest
	saw the deceased alive an	11 0 0	67 5	nd that in (my) (our) opinion o	, , , , , , , , , , , , , , , , , , , ,		that (1) (we) last
	obove, (1) (we) (did) (did no 22b. SIGNATURE	ot) view the body ofter death.		DEGREE		22ς. DATE	
1	12.202 M	Grown h	,	ATTENDING >	_MEDICAL STAF	F V	(2)
_	22d PHYSICIAN'S NAME (TYPE O	2000 0 2000	V	PHYSICIAN D	DIRECTOR PHYSIC	AN [(40(1)
i	Prinsicial Stante (11/2)	(S - S - C	1 M.	SC JCI	10 000	1,00	
	100001	100 h VICA	1000	10400	1. and 1. C	We V	
	23a. BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATORY	23d LOCATION	COUNTY	SLATE
1	(SPECIFY) BURIAL	04-25-87	Sams Cr	eek Cemetery	Taylorsvi	lle Carroll	MD
	24 FUNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR	Sb. REGISTRAR'S SIGNY	LURE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an should be detached for use as the burial-transit permit. Then please remaye corbon papers. Pagwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

BP.

(VRA 15, 4)

FOR

ral director, page 3 72 hours after death

within 24 hor

HAIGHT F. H. SYKISVILLE, 402178, APR 24 1987

The state of the s

DHMH - 16 60M 7/B4 (VRA 15, 4) FOR DEPARTMENT OF REGISTRAR MARY S. PULS CER

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

-	REG. NO.	5100 4	1	3
	REG. NO.	4		

R	I DE	CEASED NAME FIRST	MIC	DLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
17	"(TYPE	E OR FRINT) Mag	- 0	7)\0	^	0 97 EOO A
İ	1. SE		RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ď	T	-emile	1 shile	MONT	TH DAY YEAR	60	MONTHS DAYS HOURS MIN.
9	We BI	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY? 8		9 BALTIMORE CITY OR COU	
1	M	ARYLAND	USA	MARRI	ED NEVER MARRIED DIVORCED		
,	10. C	ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL NURSING HOME		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
)	P	altimore	Hanor	ACILITY, GIVE STREET ADDRESS)	sville.	TYPE HOUSEWIFE!	G LIFE) INDUSTRY
	USU/ 13a. S	AL RESIDENCE (IF NURSING HOMESTATE 136. CC		VE RESIDENCE BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	ODE 21237
)				ROSEDALE	YES NO X		RING RD.
7	14 FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME	LAST
)	JOSEPH		SHINER	MARY	Modif	LASI
	16a. V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 16	b SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
3		NO		214-22-4827	GEORGE PU	LS 4606 ROUND	HILL RD.
1		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r only ane cause per lin	e far (a), (b), and (c),)	1	1/2 2 2 2	APPROXIMATE INTERVAL TETWEEN ONSET AND DEATH
			IATE CAUSE (a)	Kea	1 CV	A Carlellas 1de	ccul
1			DUE TO, OR A	S A CONSEQUENCE OF			
		Canditions, if any, which gave rise to immediate	(b)				
		cause (a), stating the underlying cause last.	DUE TO, OR A	S A CONSEQUENCE OF			
١			(c)				
	N	PART 2 OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART Tra
5	ATIK	190 DATE OF OPERATION	196 CONDITION	ON FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 20b IF	YES, WERE FINDINGS USED
7	CERTIFICATION						RTIFYING CAUSES OF DEATH?
	CER	210 ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
	CAL	OR CONTRIBUTING CAUSE OF	DEATH	MONTH DAY YEAR			
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF		21f LOCATION	CITY OR TOWN	COUNTY STATE
1	2	NOT WHILE AT WORK	ATTIOME STREET	TACTORY, OFFICE FARM, ETC.)	SINGE	CITOKTOWN	STATE
1	N.	220.1 certify that (1) this ha			AN 1, 19 8	7, to Day 9	, 19_86 , tha (11) we) tast
		saw the deceased alive above, (I) we did (did	nat) wew the bady aft	19 87 , and er death.	nd that in (my) our) apinian	death accurred on the date and I	naur and from the causes stated
1		226 SIGNATURE	111		DEGREE		22c. DATE SIGNED
		Vu	2011 Ch	nt		DIRECTOR PHYSICIAN	1 419187
		22d. PHYSICIAN'S NAME (TY			22e ADDRESS		
4			d H. Bon			air Road 2123	36
1	1.0	urial, cremation, remov	1 /	10 -	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
-		URIAL	04/13/	/87 HOLY I	REDEEMER	BALTIMORE	E BALTO MD
	re FU	NERAL DIRECTOR	1161	ADDRESS	250. DAT	E REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
		Jelou	- 101	Vesaco A	3281	0.198/ /	The days of the state of the st

the funeral director, page 3 q within 72 hours ofter death

etely filled in by

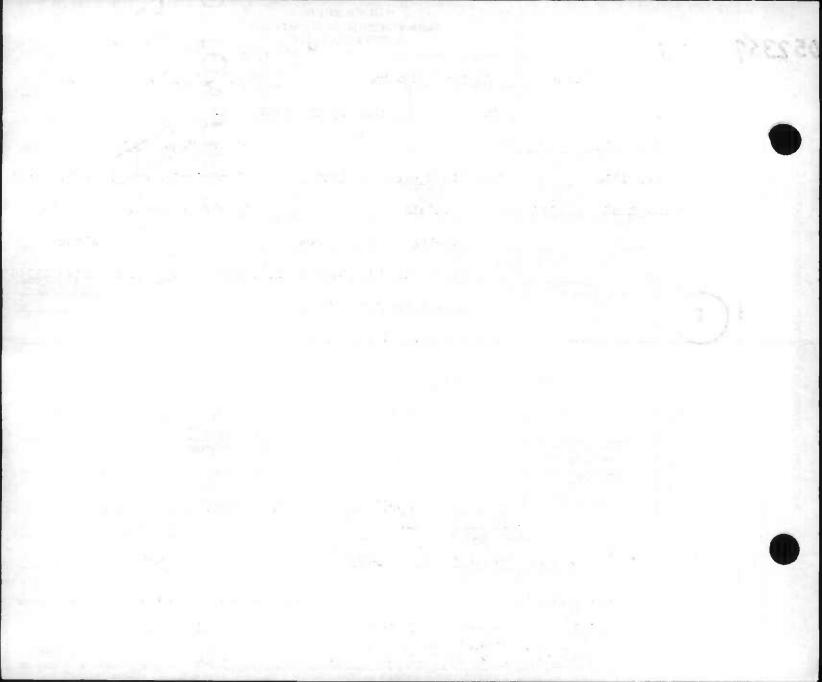
the ottending prisicion

O FUNERAL DIRECTOR: A ould be detached for use of the Stote Dept. of Heal WPORTANT: # hem 21 is

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE TREGISTRAR	DI		EALTH AND MENTAL HYGICATE OF DEATH	IENE DE NO	176		
I. DECEASED NAME FIRST	MIDDLE		AST	a NEO. TT	MONTH DAY	YEAR 2	b HOUR
(TYPE OR PRINT) Gustav		DASCHV	Λ		1007		
	Adolph 4. RACE	RASCHK		April 30,	1987		2:39P M
3. SEX	4. RACE	MONTH		O. AGE (INTERKSEASI OR	MONTHS		HOURS MIN.
Male	White		ruary 15, 190		YRS		
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	JNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DI	EATH	
Wisconsin	USA	WIDOWE		Baltimore	County		MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	12a USUAL OCCUPATI			BUSINESS OR
Rossville	Franklin	Square H	ospital	Electrica			h. Stee
USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 136. COUN	OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
		ndalk	YES NO X	1929 Sunk		đ	21222
MEATHER'S NAME			15. MOTHER'S MAIDEN NA	ME			
		chka	Eve	WIDDLE		Olz	2.2
Joseph 160_WAS DECEASED EVER IN U.S. AR/		AL SECURITY NO.	17 INFORMANT	ADDRE	SS	U12	ar
	E WAR OR DATES)	-07-2926	Theodore L.	Pacchka 2	9 Emeral	a Dri	TA 2174
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION	DUE TO, OR AS A COL DUE TO, OR AS A COL DUE TO, OR AS A COL (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR	NSEQUENCE OF Ardial in	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	E FINDING CAUSES O	SS USED F DEATH? NO [
			ŽIc HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OI	R PART 2)	
OR CONTRIBUTING CAUSE OF DEA	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY		STREET	CITY OR TO	WN CC	YTAUC	STATE
22a.1 certify that (1) (this hospii sow the deceased alive on above, (1) (we) (did) (did no 21). SIGNAL PR	April 30	19 <u>_87</u> _, oi	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [127e ADDRESS	to April 3 death occurred on the di MEDICAL STA DIRECTOR PHYSIC	ote and hour and		GNED
Denise Coyle				lin Square	Drivo	2123	7
230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			EMETERY OR CREMATORY Lutheran	23d. LOCATION CITY OR TOWN	ore Maryl	NIY	STATE
24 FUNERAL DIRECTOR Duda-R	uck Fiberal F			E REC'D. BY REGISTRAR			or



executed

certificate be

death

3

vG PHYSICIAN: The ottending physicion.

TO HOSPITAL OR ATTENDING retained by the hospital or oth

BP.

attending physician and c lave carbonpapers. Pages

ral director, page 3 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	NO. NO	1

1. DECEASED NAME (1YPE OR PRINT) 3. SEX	ABRAHA	- DDLE					
M/ ALI	fit for first	(AL)	REAL		20 DATE OF DEATH MON	10287	1640
The second second	E 1	WHITE		E OF BIRTH NTH DAY YEAR R. 15, 1893	6 AGE (IN YEARS LAST BIRTHOAY	YRS.	HOURS MIN.
70 BIRTHPLACE (STATE MARYLAND	OR FOREIGN 76 C	USA	MARE	RIED XXNEVER MARRIED	9 BALTIMORE CITY OR CO BALTIMOR		A
RANDALLSTO		NAME OF HOSPITAL BALTIMORE		EOR OTHER INSTITUTION SEN. HOSP.	126 USUAL OCCUPATION		OF BUSINESS O
USUAL RESIDENCE (IF P MARYALND	NURSING HOME OR OTHER	O. SAL	NCE BEFORE ADMISSIO	N) 13d. INSIDE CITY LIAUTS? YES NO	3115 WOODFOR	DOPL., API	. D 21
14 FATHER'S NAME FIRS JOSI	EPH MIDDE	E REAM	TÉŘ	15. MOTHER'S MAIDEN NA		BEF	EMAN
160 WAS DECEASED EV (YES, NO OR UNKNOWN)		R OR DATES)	1 SECURITY NO -32–1651	MRS	REBA RÉAMÉR RD PLA. BAL		21207
PART 2 OTHER S	ouse last	(c) OR AS A CO	NEUI	DONIA.			
ING TO STATE OF OPE	RATION	HERN	114.	UT NOT RELATED TO THE TERM	_ / IN	IF YES, WERE FINDI	NGS USED 5 OF DEATH?
TIG. ACCIDENT WAS OR CONTRIBUTING (HE EITHER, NOTIFY A 21d. IN JURY OCC	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	HERN	R WHICH OPERAT	ION WAS PERFORMED 21c. HOW INJURY OCCURI	20a AUTOPSY? / 20b	LIFYES, WERE FINDING CAUSES	NGS USED
OR CONTRIBUTING ((IF EITHER, NOTIFY A 21d. INJURY OCC WHILE NO AI 22a. certify that saw the decended of the contribution	CUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) CURRED TOWNIE CAUSE WORK I (I) (this hospitol) of eased olive on	19b. CONDITION FOI 21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e PLACE OF INJUR (AT HOME. STREET, FACTOR offended the decease with body after doo	NTH DAY YEA Y Y Y OFFICE, FARM, ETC.)	216. HOW INJURY OCCURING 216. HOW INJURY OCCURING 216. LOCATION 5TREET 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 IN YES NO NO NO INJURY IN I	b IF YES, WERE FINDII CERTIFYING CAUSES YES ITEM 18 PART 1 OR PART 2) COUNTY	NGS USED SOF DEATH? NO STATE that (I) (we) I causes stoted
OR CONTRIBUTING ((IF EITHER, NOTIFY A 21d. INJURY OCC WHILE AT WORK 22a.1 certify that saw the deci	CUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) CURRED TWHILE CAUSE (I (I) (this hospital) of eased olive on cause of the c	19b. CONDITION FOI 21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e PLACE OF INJUR (AT HOME. STREET, FACTOR offended the decease with body after doo	NTH DAY YEA Y Y, OFFICE, FARM, ETC) d from 19	216. HOW INJURY OCCURING 216. HOW INJURY OCCURING 216. LOCATION STREET . 19 and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? 200 IN YES NO	COUNTY 19 220 DATE CALLED TO THE PART 1	NGS USED S OF DEATH? NO STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

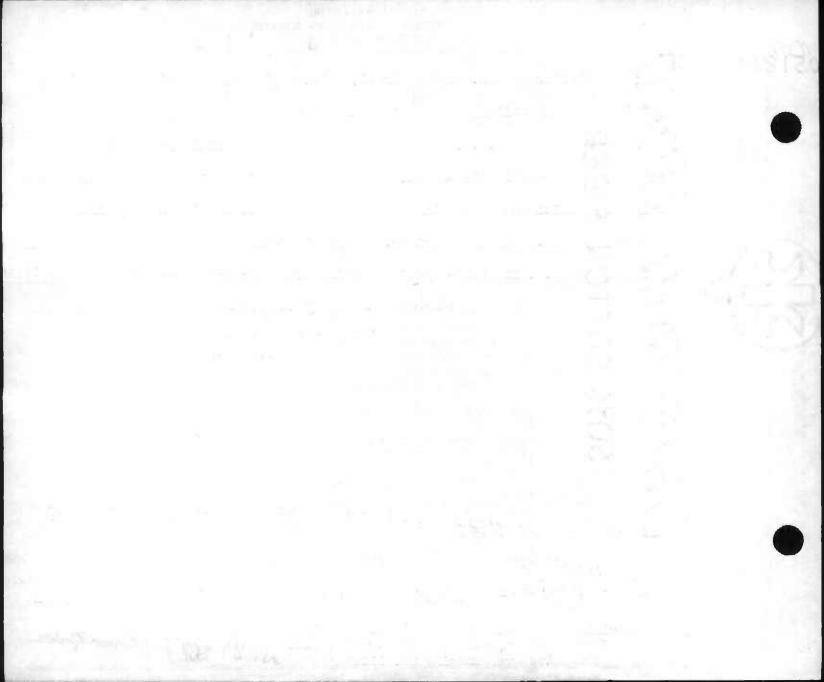
TO FUNERAL DIRECTOR. After this certificate has be

	STAIL
FOR - STATE	DEPARTMENT OF HE
- STATE	CEPTIEIA

OF MARYLAND ALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REO NO.	-	U

0 0000	1. DE	REGISTRAR EEASED NAME FIRS	I MIDDLE		LAST	20. DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
DAME &		OR PRINT)				IN. DAIL OF BLATT	43
o o o	3. SE	<u>Char</u>	cles A.		gel, Jr.	6 AGE (IN YEARS LAST BIRTHDAY)	1 23,1987 TO DM
offe.	3. 31	^	14 KACE	MONT			MONTHS DAYS HOURS MIN.
ours	7.0	Male	White		- 15 - 1915		YRS
2 hod 2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	JNTY OF DEATH
55		Maryland	U.S.A			Baltimore	
the the	10 C	ITY OR TOWN OF DEATH		ITAL, NURSING HOME (ITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
3 2 10		undalk	3313 Bels			Self Employed	Tavern Owne
E 0 0	13a.	AL RESIDENCE (# NURSING HO STATE 13b (ESIDENCE BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE
		ryland Ba	altimore Du	ındalk	YES NO V	3313 Belsfor	rd Ct. 21222
120 LA	14 F	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	WIDDIE	LAST
13 KC	0	harles	Α.	Regel Sr.	Not Kno		Not Known
V ST		WAS DECEASED EVER IN U.S	S. ARMED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
	1	Yes		5-07-4622	Velma Grev	9003 Marva Dr.	Shreveport LA 7
		18 CAUSE OF DEATH (Ent	er only one couse per line fo	or (o), (b), and (c).)		3	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
n and		PART I. DEATH WAS CA	AUSED BY: EDIATE CAUSE (0)	Pulmor	rary En	hhu Zousa	many urs
PA LA	1			A CONSEQUENCE OF	"UOC	label +	- 17
100	13	Conditions, if any, which		CONSEQUENCE OF	with severe in	espiratory	
2000	160	gove rise to immediate couse (a), stating the	le)	CONCEOUSNICE OF		insufficience	
by the		underlying couse los		A CONSEQUENCE OF		on supplication	7
pled uriol		PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	N GIVEN IN PART 110
Then to b njun	NO	150					
Derion only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED
Pos Pos	Ę					YES NOW	ERTIFYING CAUSES OF DEATH?
Hygin By Sh	E E	210. ACCIDENT WAS UNDERLYIN			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	
m toly		OR CONTRIBUTING CAUSE (OF DEMTH	MONTH DAY YEAR			
Mer He	MEDICAL	21d INJURY OCCURRED	21e PLACE OF IN	JURY	211 LOCATION		
the ond ked	X	WHILE NOT WHILE C	AT HOME STREET, FAI	CTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
Aft olth mor		45	hospital) ottended the dece	eased from C	-19 1077	to 14-7	7, 19 87 , that (1) (we) lost
or or of He	1	sow the deceosed olig	e on 4-2	2-1987	nd that in (my) (our) opinion	death occurred on the date on	d hour and from the causes stated
SECI ed f		obove (IV(we) (did) (d	id no) view the body ofter	deoth.	DEGREE		22c. DATE SIGNED
toch toch if #		1 /1/1	11172	4	AA D ATTENDING	MEDICAL STAFF	
Stot ANT		194 PHYSICIAN NAME	IIII CURREII		22e ADDRESS	DIRECTOR PHYSICIAN	-0 0/ 4
should be de with the Stot		Tore A	R-DAIZ	(T M	7079 51	AITEDAL	duo salto. 1
should with With O	02	0-3C P	1-711-1	IVI	1 (4 > 0 0	13 CCAN	orac. 21224
		BURIAL, CREMATION, REMO	OVAL ZIL DATE		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	24.5	Burial	4-27-87	Bel A	ir Memorial	TE DECID AVERGANCE	
- 16 60M 7/B4	24 1	NAME Duda	-Ruck Funeral	Home of D	undalk, Inc. DA	TE REC'D. BY REGISTRAR 256. BY	THE STATE OF THE PARTY OF THE P
RA 15, 4)	1	7922	Wise Ave Dun	dalk Md :	21222	WELL OF TOOM	



	1 -	STATE REGISTRAR		DEPART	CERTIF	ICATE OF DEATH	REG. NO.	10170	7
DELBAR		CEASED NAME FIRST		MIDDLE	- i	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
MAIDOF	HALPE	Mrs. A	nna Mae	Reiche	nhac	h '	April 17 1	007	1538
boo do	3. SEX		4. RACE	211020116	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24 H
ige 4		emale	Caucas	ian	Dea	ember 5 1920	66 Y	MONTHS DAYS	HOURS M
h. Po	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARDIE	D NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH	
deoth merchan Zinn Zinn Zinn Zinn Zinn Zinn Zinn Zi	F	emsylvania	U.S.A.		WIDOWE		Baltimore Coun	tv	
he fu		TY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSIN	NG HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND	OF BUSINESS
rs of		amallstown	Baltim	are County	General	l Hospital	Secretary-Firel		Business
BALTIMORE, MARYLAND 21201 The be executed within 24 hours or cion and completely filled in by pers. Pages, and 2 should be filled in the medical expension right by the medical expension in the medical expension.	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL	YTAL	13c. CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	CODE	
y fill should		-	timore	Woodmoo	r	YES NO X	7209 Bramotan	Road	21207
d with		THER'S NAME FIRST FIRST THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		Į.	AST
M cred	-		DUED FORCES	14. 50000 550		Jemie Muss			
ORE exec	(1		GIVE WAR OR DATES)	16b. SOCIAL SECU		17. INFORMATIMET R			21207
LTIM ion of	N	0		166-14-	1939	7209 Branch	on Road Balt	imore	Marylan
		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per SED BY:	A .		010-15	1	SETWEEN	XIMATE INTERVAL NONSET AND DEAT
151.		IMMEDIA	ATE CAUSE (0)	Grano	Tes	peratory	AYYES		
201 W. PRESTON ST., and the feeting place of the condition of the vision of vi		Canadata and Grand Land	DUE TO, Q	AS A CONSEQU	ENCE OF	100000	011-1		
To the second	41	Conditions, if any, which gave rise to immediate	(p)_7			Mingal 55	and		
W. to the the contract of the		cause (a), stating the underlying cause last.	DUE TO, O	AS A CONSEQU	I DO				
201		PART 2 OTHER SIGNIEICANIT	(c)			NOT BELATED TO THE TERM	AINAL DISEASE OR CONDITION	L C N (SN I N I R A B T)	
	Z.	11000000000000000000000000000000000000	200/00	0.001	O S	TO RELATED TO THE TERM	Ca all to Californ	CAD	1)
been mit.	ATI	190 DATE OF OPERATION	% COND	TION FOR WHICH	SPERATIO	N WAS PERFORMED	ZOD AUTOPSY? ZOD II	F YES, WERE FIND	INGS USED
ws lo lo	CERTIFICATION					•	YES TO NO NO	ERTIFYING CAUSE YES [7]	S OF DEATH?
VITAL N: The hysician icote h ransit i Hygiei Hygiei	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME O			21c. HOW INJURY OCCUR			
Sicial phone of the second of	AL	OR CONTRIBUTING CAUSE OF D			AY YEAK				
VISION OF O PHYSICIA ittending pl ittending	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DIVISI	×	WHILE NOT WHILE AT WORK	(AT HOME, STR	REET, FACTORY, OFFICE, 1	ARM, ETC.)	SIREET	CITORIONI	COOIVI	STATE
VDIN VDIN S. Af		22a. I certify that (1) (this has	pital) attended th	e deceased from_		, 19	, to		, that (I) (we) I
VITE Spiro		sow the deceased alive a	n oti sees the body	after death.	, or	nd that in (my) (our) apinion	death accurred on the date and	hour and from the	e couses stated
OR A DIRECTOR A LEGISTRE OF THE METERS OF TH		25A SIGNATURE		\		DEGREE		22c. DAT	ESIGNED
. 4 . 4		THE SON ?	X700	1126		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	141	17 8-
INER INER		224 PHYSICIAN'S NAME ITHE	esman Co)		22e ADDRESS /			
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Store		4. A. QUE	D m.	D	165	BALTIMOR	E COUNTY	GEN	HOSF
7 5 1 4 3 ₹		URIAL, CREMATION, REMOVA	L 736 DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	10 W	
RP	B	aria]	04-20-6	77	No Me	G. Momerical David		COUNTY	STATE

STATE OF MARYLAND

BP__ DHMH - 16 60M 7/84 (VRA 15, 4)

COUNTY Lake View Memorial Park Sykesville Carrol 1 Maryland SURECISTRATE SIGNATURE

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

21207

21207

Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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TO MAN TO THE TEST AND THE TEST

un effer death

STATE OF MARYLAND

PARTMENT	OF I	HEALTH	AND	MENT	AL	HYG	IEN
CEI	RTII	FICATI	E OF	DEAT	H/	1	

19	63	14
REG. NO.	O	U
A	. 117	17:7

		FOR STATE REGISTRAR			EALTH AND MENTAL HYG	IENE QG. N	8 0		
		CEASED NAME FIRST OR PRINT)	WIDDLE	1	AST	20. DATE OF DEATH	4-126-87 YEAR	26 HOUR	_
		MAUD	E B.	REINSF	ELDER		4-26-81	103	PM
Н	3 SEX	<	4. RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR MONTHS DAY		HRS.
Ū.	1	FEMALE	WHITE	6-2	2-1890	96	YRS		
2	, (RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8. MARRIEI	D NEVER MARRIED		R COUNTY OF DEATH	TINTENSI	
4		MD . IY OR TOWN OF DEATH	U.S.A.	WIDOWE		12a. USUAL OCCUPATI	TIMORE CO	OF BUSINESS	MD.
	В	ALTIMORE	VALLEY V	JIEW NURS	ING HOME	SEAMSTRE	MORKING LIFE) INDUSTR		
1	130 S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU MD. BAL	NTY 13r CITY	Y OR TOWN LTIMORE	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS . 8420 EMC		1234	
3	14 FA	THER'S NAME PIRST UNKNOWN	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME JNKNOWN IDDIE		AST	
1		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	CIAL SECURITY NO. 1-03-1792	17 INFORMANT FRANK REIN	NSFELDER (GRANDSON)	NTUCK AVE.	Y
*	ŅĊ	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	TE CAUSE (0) CO DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c)	ONSEQUENCE OF	P.S.C.	V. A.	DITION GIVEN IN PART	l(a)	_
1	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES NOT			
1		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MC	Y ONTH DAY YEAR 19	21c. HOW INJURY OCCURI		1		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUI (AT HOME, STREET, FACTO		21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATI	E
		220-1 certify that (I) (this hasp		19 8 7, or	DEGREE ATTENDING PHYSICIAN	death occurred an the di	22c DA1	that (II (we) the causes stated (E SIGNED	last d
		HATHORY	F.CARO	7721	+214/1/AX	10 R WOOD	DR Back	o. Mo	R
	23a B	SURTAL, CREMATION, REMOVAL	. 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STAT	E
		BURIAL	4/30/87	MOREI	AND MEM P		. 0	MD.	
	24 FU	JNERAL SCHORMUNEK 3331 Breh	FUNERAL I ms Lane, I	HOME, INC Balto. Mo		R 2 8 1987	256. REGISTRAR'S SIGN	Cadell	

DHMH - 16 60M 7/B4 (VRA 15, 4)

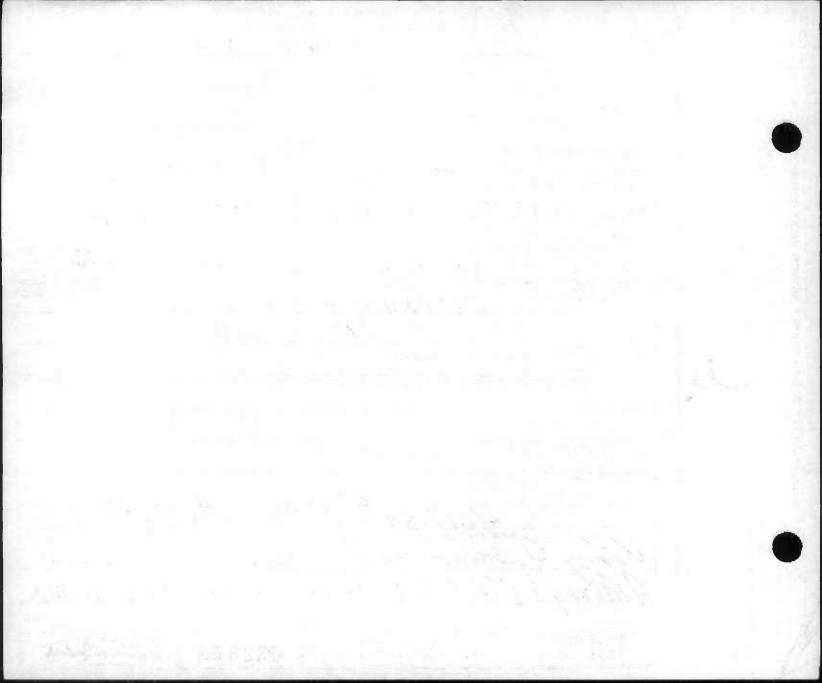
TO FUNERAL DIRECTOR: After this certificate has been ing should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to be IMPORTANT: If Item 21 is marked or Item 18 shows ony

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the haspital or attending physician



STATE OF MARYLAND

- 4		CEASED NAME OR PRINT)	Ann	a M	arie	Reyn	olds	April 26, 198		9:4
	3. SEX	emale	17 10-7	RACE White		5. DATE O	DF BIRTH 1y 2gay 1923ar	6. AGE (IN YEARS LAST BIRTHDAY) 63	MONTHS DATS H	F UNDE
3		RTHPLACE (STATE OR		USA	HAT COUNTRY?	8 MARRIE WIDOWS	DE NEVER MARRIED DE DEVORCED	Baltimore Co		
0		TY OR TOWN OF DE		1. NAME OF HO	SPITAL, NURSIN	e Roa	dr other institution	170 USUAL OCCUPATION (TYPE AS WORK FOR MOST OF WORKING	176 KIND OF B	pa
35		AL RESIDENCE (IF NUR	13bg Out		TELEPET ON		13d INSIDECITY LIMITS?	13. STEE 600 Shore Ro	PE 2122	20
31) FA	THER'S NAME	es A.	[®] Kelly	LAST		15 MOTHER'S MAIDEN NA		LAST	
/		VAS DECEASED EVER	(IF YES GIVE		217 14		James Reyno	ADDRESS	Same	
dic even	2	PART I. DEATH V	IMMEDIATE	CAUSE (a)	S A CONSEQUE	ENCE OF	1 orrest			
6		Canditians if any	which	(Motast	ATIC.	adenossua	mores cance	coffigur	1
ir other trauma		Canditians, if any gave rise to im cause (a), stati underlying cause	mediate ng the	(b)	Metasta AS A CONSEQUE	动心	xdenosquo	nions cance	r of lung	(
inguity, or other troumo	NON	gave rise to im cause (a), stati underlying cause	mediate ng the e last.	(b) DUE TO, OR A	Metasta AS A CONSEQUE	ENCE OF	U	NUTULS CAME	9 7	<u>(</u>
7	THECATION	gave rise to im cause (a), stati underlying cause	mediate ng the e last.	DIDETO, OR A	MOTO STO	ENCE OF	U	VINAL DISEASE OR CONDITION G 200 AUTOPSY? IN CER	GIVEN IN PART TIO	
SKI	AL CERTIFI	gave rise to im cause (a1, stati underlying cause PART 2. OTHER SIG	IMEDIATE CANT CO	DUE TO, OR A CONDITIONS CON 196 CONDITION 216 TIME OF 1	MOTO STA	ENCE OF DEATH BUT OPERATIO	NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION G 200 AUTOPSY? IN CER	GIVEN IN PART TIO. YES, WERE FINDING. TIFYING CAUSES OF YES.	FDEA
EXECT OF THE TRANSPORT INCUTY, OF OTHER FOUND	MEDICAL CERTIFICATION	gave rise to im cause Ioi, staft underlying cause PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING	IMEDIATE OF THE TELL	DUE TO, OR A CO DIDITIONS CON 196 CONDITE 116. TIME OF 1 H HOUR A.M. P.M. 216. PLACE OF	AS A CONSEQUE ON FOR WHICH NJURY MONTH DA	OPERATION AY YEAR	NOT RELATED TO THE TERM	20a AUTOPSY? 20b IF Y YES NO	GIVEN IN PART TIO. YES, WERE FINDING. TIFYING CAUSES OF YES.	P DEA
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N1: If them 21 is marked or them 18 years ony injury, or other traumo	AL CERTIFI	gave rise to im cause 101, staft underlying cause 191, cause 191, cause 190, cause 190, DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING (HE ETHER NOTIFY MED 210 IN JURY OCCUR MILE NOTIFY MED 220, certify that (1 saw the decease above 100 (We).	IMEDIATE CONTROL OF THE PRINCE OF DEATH OF THE PRINCE OF DEATH OF THE PRINCE OF DEATH OF THE PRINCE	DUE TO, OR A (c) DNDITIONS CON 196 CONDITION 216. TIME OF I HOUR A.M. P.M. 21e. PLACE OF (AT HOME STREET) view the bbdy att	ITRIBUTING TO E	OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 211 LOCATION STREET and that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN [TIMAL DISEASE OR CONDITION G 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN ITEM 11 CITY OR TOWN	SIVEN IN PART TIO. TES, WERE FINDING TIFVING CAUSES OF YES	F DEA NO [
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PA 1407 Old Eastern Ave

21221

MIDDLE

Bertha Mary REYNOLDS

STATE OF MARYLAND

CERTIFICATE OF DEATH /

AKA Bertha M. Shipley CERTIFICATE OF HEALTH AND MENTAL HYGIENE 2n DATE OF DEATH 26. HOUR 12:25a M April 22, 1987 IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE T LYNG FOR NO LOS WORKING LIFE! Areb_Space 13e.STR 1636 Old Eastern Ave. Apt B ADDRESS 1572 Williams Ave. Cleveland Reynolds, Son Baltimore, Md. 21221 NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? and that in (opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED 04/22/87 DIRECTOR PHYSICIAN Holly Hill Memorial Gardens Was Baltimore Co., Md. State

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Teridor Pondale

DHMH - 16 60M 7/84 (VRA 15, 4)

1 - STATE

(TYPE OR PRINT)

DECEASED NAME

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DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE ELIZABETHO REYNOUDS 2a. DATE OF DEATH 2b HOUR I. DECEASED NAME (TYPE OR PRINT) 8 Dorothy 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS RACE MONTH YEAR BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? TE BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTR Maryland U.S.A. 10. CITY OR TOWN OF DEATH 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE FORE ADMISSION) Maryland Baltimore Towson 13e.STREET ADDRESS / ZIP CODE 47 Acorn Circle 21204 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE FIRST Powell Carrie Estelle James Edward 17. INFORMANT **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Towson, Md. MRS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-18-6218 S.Ringgold 21 Treeway Ct. 21204 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY: assim IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21f. LOCATION 71d INJURY OCCURRED CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (I) (we) (did) (did not) view the body ofter death. 22c DATE SIGNED 77b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 77e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g. BURIAL, CREMATION, REMOVAL CITY OR TOWN SPECIFY) Burial 4-10-87 Dulaney Valley Lutherville Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Road 21212

Troidern. Kandall

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STATE OF MARYLAND

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0 5 400		FOR STATE REGISTRAR	DEPARTA		IEALTH AND MENTAL HYG	IENE REG NO	8 4	
DS J AFR	P.DI	CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
poge 3	(17)	MARGARE	T C RE	YNOLE)S	04 07 87		
may pod	3. SE		4. RACE	5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
ector rs aft		FEMALE	WALTE	MONTH 0		74	MONTHS DAYS	HOURS MIN.
Poor in	70 B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR CO		
the orth	P	ENNSYLVANIA	USA	WIDOWE		BALTIMORE	COUNTY	MD.
offer of the further of with		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF	BUSINESS OR
s of		TOWSON	ST JOSEPH		PITAL	SUPERVISOR		GOVT.
hour hour			ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP		0011.
filled filled ould		MD BAL			YES NO X	1204 DEANWO		21234
sh y	14. F	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		
VIII 95		MICHAEL	MORAN		ANNA	WIDDLE	NEE	
3315		WAS DECEASED EVER IN U.S. AF	(F 144 - B - B B - 1 1 5 c)		17 INFORMANT	ADDRESS		
777		NO	159-09	-7385	BRIAN W. RI	EYNOLDS FALI	STON, MD	21047
sic ste		18. CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), on D BY:					MATE INTERVAL
phy phy on po emay			ED BY: TE CAUSE 10) arteris	levet	in Carlinas	mela Diegal	5 40	in
ding arba ar re			DUE TO, OR AS A CONSEQUE	NCE OF				
deot ove c han,		Conditions, if any, which	((b)					
the cremo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF			A	
by by sose of, cr	1	underlying cause lost.	(c)					
and n bled buriol	-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART Tra	
The The Injury	o N	Levere	Chomic alit	nectu	i disease a	flunge.		
bee bee	7 3	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDIN	
he land	CERTIFICATION					YES NO	YES [NO [
N. T.	Ü	210. ACCIDENT WAS UNDERLYING		AV YEAD	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
SICIA ng ph right right fem	N N	OR CONTRIBUTING CAUSE OF DE	MIN .	19				
HY his bu	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	. D 575.)	211 LOCATION	CITY OR TOWN	COUNTY	STATE
ar atter After the as the	2	AT WORK NOT WHILE	(AL HOME, STREET, PACTORY, OFFICE, P	ARM, EIC)	Jinger	, -	to 7	
Af &			ital) attended the deceased from_	MA	13 1974	to afine	19 01.1	hot (l) (see) lost
prida Prida for a for a 21 i		sow the deceased alive or	19 19 19 19 19 19 19 19 19 19 19 19 19 1	, 01	nd that in (my) (🛶) opinion o	death accurred on the date an	d have and from the c	ouses stated
has has lept		226. SIGNATURE			DEGREE		22c. DATE S	GIGNED
AL Date Date Date Date Date Date Date Date	1	land LO ha	netar		MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [afril	7 1957
FUNERAL by the FUNERAL build be detailed by the State CORTANT:		22d. PHYSICIAN'S NAME TYPE	OR PRINT		22e ADDRESS			7
TO HOSPITAL etained by t TO FUNERAL should be de with the State IMPORTANT:	133	SAMUEL C	MANSKY		8405A	LOCH RAV	EN BL	·vn·
5 6 6 4 4 A		BURIAL, CREMATION, REMOVAL	236. DATE 23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
BP		BURIAL	APRIL 11,'87M	OREL	AND MEM. PARI	K BALTIMORE	CO . MAR	YLAND
DUMU 14 4044 7/0		UNERAL DIRECTOR				E REC'D. BY REGISTRAR 256, R		
DHMH - 16 60M 7/84 (VRA 15, 4)	WI	LLIAM E. JOHN	VSON8521 LOCH	RAVE	N BLVD. AP	R 7 1987	ia Dividern- K	andallo

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ATTENDING PHYSICIAN: The low

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STATE OF MARYLAND

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REG. NO.	10/80

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		OR PRINT)	Me11:	ie (CH	ILORA AN	N Ric	hardson		04 05	87	7:15 E
_	3 SE	ř EMALE	4.	BLAC		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 HR
		RTHPLACE (STATE OR FO	OREIGN 7b	USA	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	Baltimore City Baltimore	OR COUNTY C		
56		ITY OR TOWN OF DEA	TH 11	I. NAME OF	HOSPITAL, NURSIN CHEACILITY GIVE STREET R Baltimo	IG HOME C	or other institution dical Center	12a USUAL OCCUPA (TYPE OF WORK FOR MOST DISABLE	OF WORKING LIFE)		F BUSINESS O
25	13a. S	AL RESIDENCE (IF NURSI STATE 1D	13b COUNTY	HER INSTITUTION	GIVE RESIDENCE BEFORE 136 CITY OR TOW BALTIM	'N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	AVE.	21204
1130		ATHER'S NAME FIRST GRANT	HENR	DOLE Y	GOLDRIN	G	JANE			KEY	ī
1		WAS DECEASED EVER I YES, NO OR UNKNOWN)	N U.S. ARME		035168		DOROTHY RI	ADDI			Noned
ent, th		18. CAUSE OF DEATH	I rEnter only AS CAUSED I	BY:	r line for (o), (b), one	d (c).)	D, heart fail		X.III.I.	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEAT
troumoti		Conditions, if ony,	rediote	(b)_	DR AS A CONSEQUE						
ury, or other troumoti	z	gove rise to imm couse (a), stating underlying couse	nediote g the lost.	(b) DUE TO, O	r as a conseque	ENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR COL	ndition Give	N IN PART 110	0
ows ony injury, or other troumoti	IIFICATION	gove rise to imm couse (a), stating underlying couse	lost.	DUE TO, O	ONTRIBUTING TO D	ENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
18 shows	CAL CERTIFICATION	gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN	INFICANT CO	DUE TO, O (c) DODITIONS CO 196 COND 216 TIME CO HOUR A	ONTRIBUTING TO E	DEATH BUT		200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDINING CAUSES	NGS USED OF DEATH?
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21 is morked or Item 18 shows	MEDICAL	gove rise to imm couse lol, stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER. NOTHY MEDIC 21d. IN JURY OCCURR WHILE NOTHY MEDIC 27a. I certify that (I) sow the decease obove, (I) (we) (d) 27b. SIGNATURE	INFICANT CO INFIC	DUE TO, O (c) (c) INDITIONS C 196 COND 216 TIME C HOUR A P 21e PLACE (AT HOME, ST view the body	ONTRIBUTING TO E OPERATIO AY YEAR 19 ARM, ETC.)	21c HOW INJURY OCCUR 21h LOCATION STREET 4/3 / 19 87 nd that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN. CITY OR 1 4/5) deoth occurred on the	10b. IF YES, IN CERTIFY! YES TOWN AFF	COUNTY 2 87 and from the	NGS USED OF DEATH? NO STATE	

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL HOME 1101 E. NORTH AVE,

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1 - FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IREG. Op. 1 8 5
DECEASED NAME EIRST MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
EDWIN H.	RITTER	4-20-1987 9:30 A.
Male Thate	5. DATE OF BIRTH MONTH DAY YEAR O-20-1914	6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS. 4 FUNDER 1 YEAR 18 UNDER 24 HRS. MONTHS DAYS HOURS MIN.
76. CITIZEN OF WHAT	A . WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH Saltener County ME
(IF NOT IN SUCH FACILITY (IF NOT IN SUCH FA	ral, NURSING HOME OR OTHER INSTITUTION TY, GIVE STIPEET ADDRESS)	126. VISUAL OCCUPATION 11 PE DE WORK FOR MOST OF WORKING LIFE! INDUSTRY Maintanance Han & Gare Home
SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RES 136 (STATE 136 COUNTY 136. C	SIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE, 2914 Liberty Phys 2/222
HEATHER'S NAME MODIE Qu	15. MOTHER'S MAIDEN NA. Ther Dessio	ME Bowers
DECEASED EVER IN U.S. ARMED FORCES? 16b. SC (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	OCIAL SECURITY NO. 17. INFORMANT 18-7744A Lorena 9.	Pilter 1931 Wilhers are
18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cute Cardia	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OF AS A (b) DUE TO, OR AS A	possequence of	t Caeleri
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART TIO

THE DATE OF OPERATION

PART 2 OTHER SIGNIFICANT CONDITIONS

OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR	THE HOW MYJOR! OCCORNED (E	INTER NATURE OF INJURY IN HEM IS	S PART TOR PART 2)	
(IF EITHER, NOTIEY MEDICAL EXAMINER)	P.M.	19				
	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
27a. Legitly that (I) (this haspital)	ottended the Heceaself from	41	K/ 10 X + 10	Wesen	19	that (I) (we) Is

21. HOW INTURY OCCURR

saw the deceased alive an abave, (1) (we) (did) (did not) yiev the body

ond that in (my) (aur) apinion deoth accurred on the date and haur and Iram the causes stated

20a AUTOPSY?

alter death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

22e. ADDRESS

NO .

23 NAME OF CEMETERY 23b. DATE

LOCATION **OR GREMATORY**

23a. BURIAL, CREMATION, REMOVAL

CERTIFICATION

ITY OF TOWN

DHMH - 16 60M 7/84 (VRA 15, 4)

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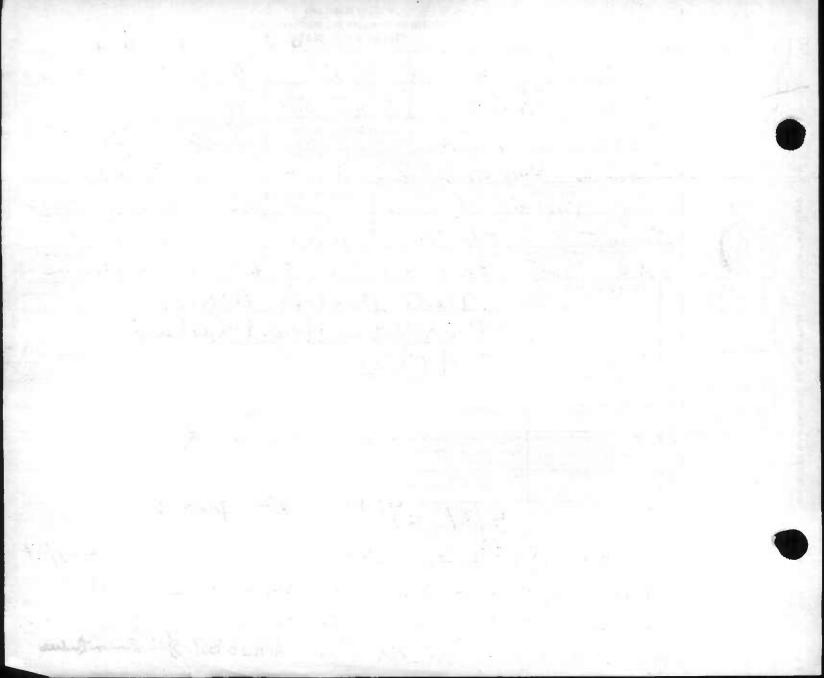
FUNERAL

M BUNERAL DIRECTOR

20b. IF YES, WERE FINDINGS USED

YES [

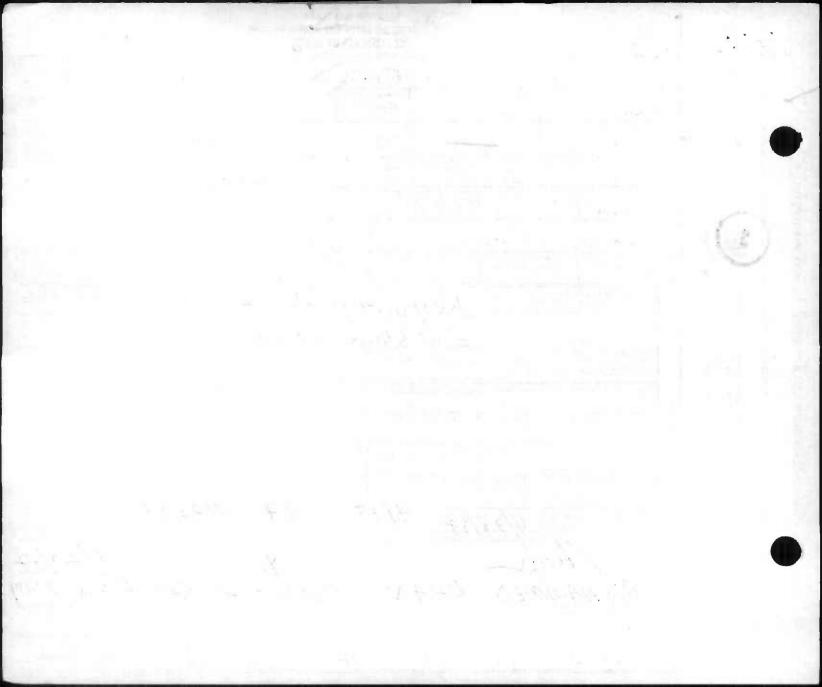
IN CERTIFYING CAUSES OF DEATH?



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by account and at hours often death. Page 4 may be stooled by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion on an infinity filed in by the infection, page 3 should be detached for use as the buriol-transit permit. Then please remove corbanapers. Page that it is sold begin and which and Amenia Hygiene prior to buriol, cremation, or removal, with the State Depth and I is an object them 18 shows any injury or other transmitted with the second than 18 shows any injury or other transmitted with

BP_ DHMH - 16 60M

2 11	1-	tem 7b,FilmG628 FOR STATE REGISTRAR		TMENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE REG. NO.	8 /	
		EASED NAME FIRST Miche	le		IERA	April 28, 198		26 HOUR 3:15P M
60	3. SEX	Male	RACE White	5. DATE (0F BIRTH YEAR YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS.		IF UNDER 24 HRS
91	7a. BIR	THPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY	? 8. MARRIE WIDOW	D NEVER MARRIED	Baltimore Coun		MD.
2	USUA	Y OR TOWN OF DEATH Baltimore L RESIDENCE (IF NURSING HOME OR OF		re_Hos	pital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Hair Stylist	Self E	BUSINESS OR Employed
20		laryland HER'S NAME	Baltimo LAST		13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN N FIRST Angelina	13e.STREET ADDRESS / ZIP COL 6803 Everall Av		:06
2	160 W	Giovanni AS DECEASED EVER IN U.S. ARM (5. NO OR UNKNOWN) (IF YES, GIVE	Riviera ED FORCES? 166 SOCIAL SEC WAR OR DATES) 220-36-		17 INFORMANT	ADDRESS iera – 6803 Evera		ie –2120
or to buriol, cremotion, or	rion			S FOL		MINAL DISEASE OR CONDITION G		
Hygiene prior	CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICE	H OPERATIO		IN CERT	ES, WERE FINDING IFYING CAUSES ('ES PART 1 OR PART 2)	
of Health and Mental Hy	CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 22a. I certify that (1) (this hospital sow the deceased alive on sow the deceased of the one	H HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) 1) otterwised the deceased from	19 E, FARM, ETC.)	ZH LOCATION STREET	CITY OR TOWN	COUNTY	STATE not (I) (we) last ouses stoted
with the State Dept.		obove, (I) (we) (did) (did not) 22b. SIGNATURE 22d. PHYSIGIAN'S NAME (TYPE OR OHAMM)	MED KHA	7N	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	Loch Kaves	Bhd	19/87 29/87
- '	24 FU	urial, cremation, removal Entombment Neral director	5-1-87 P	arkwoo		23d. LOCATION CITY OF TOWN Baltimore, Ma		STATE
60M 7/84 5, 4)	Jo	hn C. Miller, I	nc6415 Belai	r Road	1-21206	APR 2 9 1987	Davidson-	landall



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STATE OF MARYLAND DE

PARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	1

-	REG. NO.	1	Ö	Ö

	CEASED NAME	FIRST	MIDDLE		AST	2a. DATE OF DEATH		YEAR 26 HOU	
1	ON PRINTY	Hel en	Μ.	ROBE	RTS	April 20,	1987	4:05	P
3. SEX	× Female	4. RACE Whi	te	S. DATE OF	FBIRTH 13, DALISILVEAR	6. AGE LIN YEARS LAST BIRT	HDAY) IF UNDER	DAYS HOURS	24 HRS
N	RTHPLACE (STATE OR F	J	N OF WHAT COUNTRY?	WIDOWED		Baltimore city of Baltimore	County		N
	ossville 2		E OF HOSPITAL, NURSIN			12a USUAL OCCUPATION Machine Mop	BTREET 125 K	estern	SSO Lle
USUA 130 S Ma	AL RESIDENCE (IF NURSI STATE aryland	136 Baltimo	13 TEST SON TOWN		13d. Inside City Limits? Yes \(\text{NO \(\frac{1}{2} \)	13e STREET ADDRESS / 1666 Cape	May Rd.	21221	
) 	THER'S NAME FIRST	middle roda	LAST		15. MOTHER'S MAIDEN NAME Elizab			LAST	
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMED FOR	TES	9694	Harry L. Rob	erto, Husba			
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter only one cou /AS CAUSED BY: IMMEDIATE CAUSE	cardiopul	mo na r	y arrest		BE	APPROXIMATE INTER TWEEN ONSET AND	DEATH
NOI.	Tobacco	NIFICANT CONDITIO			NOT RELATED TO THE TERMI	INAL DISEASE OR CONE	DITION GIVEN IN P.		
CAT	19a DATE OF OPERAT	TION 196. (CONDITION FOR WHICH	OI ERMITO	N WAS FERI ORMED	ZOU ACTORSI:			
RTIFICAT				0, 5,0,0,0		YES NO	IN CERTIFYING C	AUSES OF DEAT	
CERTIFIC	21a ACCIDENT WAS UND OR CONTRIBUTING C	DERLYING 216. THO	IME OF INJURY UR A.M. MONTH DA P.M.		21c. HOW INJURY OCCURR	YES NO	IN CERTIFYING C	AUSES OF DEAT	
MEDICAL	21a ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	DERLYING DEATH HOLD ALEXAMINER) RED 21e. P (AT HOLD ALEXAMINER)	IME OF INJURY UR A.M. MONTH DA P.M. LACE OF INJURY OME. STREET, FACTORY, OFFICE, F.	AY YEAR 19		YES NO ENTER NATURE OF INJUR	YES TO THE TEM 18 PART I OR P	AUSES OF DEAT	
MEDICAL	21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT 21d INJURY OCCURR AT WORK NOT WHE AT WORK AT WOR	DERLYING 2 216. THO CAUSE OF DEATH CALEXAMINER) RED 21e. P (AT HE RK (AT HE) (this hospital) attempts	IME OF INJURY UR A.M. MONTH DA P.M. LACE OF INJURY OME. STREET, FACTORY, OFFICE, F.	AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURR	YES NOX	IN CERTIFYING C. YES YES YES YES YES YES YES YES	AUSES OF DE AT NO ART 2)	STATE we) I
MEDICAL	21a ACCIDENT WAS UND OR CONTRIBUTING COME CONTRIBUTING COME CONTRIBUTION COME COME CONTRIBUTION CONTRIBUTION COME COME COME CONTRIBUTION COME COME COME COME COME COME COME COME	DERLYING 21b. T HO CAUSE OF DEATH CALEXAMINER) RED 21e. F (AT HO RR (this hospital) afterward did) (did tot) (ASS) the	IME OF INJURY UR A.M. MONTH DA P.M. LACE OF INJURY OME. STREET, FACTORY, OFFICE, F.	YEAR 19 ARM, ETC) Warch 87, one	21c HOW INJURY OCCURR 211 LOCATION STREET 23 19 87	YES NO ENTER NATURE OF INJUR CITY OR TO The April Death occurred on the do	IN CERTIFYING C. YES TY IN ITEM 18 PART I OR P WN COUL 20 , 19 87 ate and hour and from	AUSES OF DE AT NO ART 2)	STATE we) le
MEDICAL	21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT 21d INJURY OCCURR WHIE NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK SOW the deceose obove, (I) (we) (c 22b. SIGNATURE 22d. PHYSICIAN'S NA	DERLYING 21b. T HO CAUSE OF DEATH CALEXAMINER) RED 21e. F (AT HO RR (this hospital) afterward did) (did tot) (ASS) the	IME OF INJURY UR A.M. MONTH DA P.M. LACE OF INJURY OME. STREET, FACTORY, OFFICE, F.	YEAR 19 ARM, ETC) Warch 87, one	21c. HOW INJURY OCCURR 211 LOCATION STREET 23 , 19 8/ d that in (my) (aur) opinion of the company of the compa	YES NO ENTER NATURE OF INJUR CITY OR TO The April Death occurred on the do	IN CERTIFYING C. YES YES YES YES YES YES YES YES	AUSES OF DE AT NO ART 21 NTY S that (1) (van the coyses steen	STATE we) I

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

retained by the hospital or attending physician.

24 FUNERAL DIRECTOR
Bruzdzinski Funeral Home PA 1407 Old Eastern AveAPR 2

Division Rudals

20 All There of the court And Andrew Purel or the first burner and the Laborator which as at board from the state or Service and the service of the servi

of mostly to the many making family

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		1-	STATE						IFIÇATE O	,	0.1	0	1	
			REGISTRAR CEASED NAME	FIRST	77165	MIDDLE	-VAIIII146	LAST	51-7	Zo. DAT	REG! N		DAY YEAR	Zb HOUR
	W == 20.5	TYP	E OR PRINT)				D	OT T TNIC		OF	ESTI- H MATED			Zu TIOOK
	EAS TOR TILES DUR REET	3. SE)		ODNEY	ATE OF BIRTH	L.	A AGE (IN YEAR	DLLINS IF UNDER	YR. IF UNDER			4-6-	87 19 DAY YEAR	2d HOUR
	LAY IS NECESSARY, PLEASE O THE FUNERAL DIRECTOR. PAGE TOFF OUR FILES. FILED WITHIN THOURS TOTAL WESTON STREET,	Ma	_	MC	11 24	66	20 YRS	MONTHS D	AYS HOURS	MIN. PRONO	UNCED	4-6-8	87 19	10:45
	SSAR	7s. B	RTHPLACE (STATE OR	7b. (CITIZEN OF WH.	AT COUN			NEVER MARRI	9 BALT	IMORE CITY		TY OF DEATH	+ 0 1 - M/-
	S S S S S S S S S S S S S S S S S S S	FC	Md.	17	USA			WIDOWED [DIVORCE		timore	Coun	ty	MD
1	Y IS HE FILE	lø. CI	TY OR TOWN OF DEATH		NAME OF HOSP	ILITY, GIVE ST	REET ADDRESS)			12a. USUAL OCC	ORKING LIFE)	PE OF WORK	12b. KIND OF BI OR INDUST	USINESS
10	W 2 3 5 5 5	1	owson	G	reater I	Balti	more Me	edical	Center	Unempl	oyed			
21201	AND 3 AND 3 RETAIL	13a. S	TATE Md.	COUNTY	ER INSTITUTION, GIVE	136 CITY	OR TOWN	13d. I	NSIDE CITY LIMITS?	13e STREET ADD	columbi	us Dr	. 21215	
MD.	T NH NE ZOU	14. F/	THER'S NAME					15. N	OTHER'S MAIDE			u3_D1		
	E SER	1	Howard Roll		DDLE		LAST		Mildred	Cmith	MIDDLE		LAST	
WO	S S S S S S	160. V	AS DECEASED EVER IN	U.S. ARMED		16b. SOC	IAL SECURITY	NO. 17. IN	IFORMANT		ADDRES	S		
BALTIMORE,	AFTE ANGE TO TO TO TO TO TO TO TO TO TO TO TO TO	6	NO NO, OR UNKNOWN)	YES, GIVE WAR C	OR DATES)	Unl	<n .<="" td=""><td>Н</td><td>oward Ro</td><td>ollins</td><td>3774</td><td>Colur</td><td>mbus Dr.</td><td></td></n>	Н	oward Ro	ollins	3774	Colur	mbus Dr.	
	N N N N N N N N N N N N N N N N N N N		18 CAUSE OF DEATH (Enter only on	e couse per line f	or (o), (b)	, ond (c).)						APPROXIMAT BETWEEN ONSE	
SN	124 HOLLING HERMIT GIENE, IVAL.	- Owner	PARTIDEATH WAS	CAUSED BY:	USE (o)	Multi	ple in	juries						
STO	ALC ALC ALC ALC ALC ALC ALC ALC ALC ALC	/	8150	(DUE TO, OR A	AS A CON	SEQUENCE O	F						
- A	MER AL MANSIT MER AL MANSIT MERMO		Conditions, if any gave rise to im		(b)									
DIVISION, OF VITAL RECORDS, 201 W. PRESTON ST	SEN TO		couse (o) stating the lying cause last.	e under	DUE TO, OR A	AS A CON	SEQUENCE OF	F						
5,20	TO AND			((c)								<u> </u>	
ORD	ENA PORTE	z	PART 2 OTNER SIGNIFICANT CO	INUITIONS CUNTR	IRUTING TO DEATH BE	UT NOT KELA	TED TO THE TERMIN	AL DISEASE OR CO	NOITION GIVEN IN PAI	RT 1 (a).				
REC	20 × 5 × 7	CERTIFICATION	19a. DATE OF OPERATION	ON	19b. CONDITI	ON FOR V	WHICH OPERA	TION WAS PE	REORMED?				20 AUTOPSY	(2
Z	Ba 1951	IFIC,											YES X	№ □
7	SECTION -	ERT	216. EXTERNAL CAUSE	WAS	216 TIME OF			21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 11	8 PART I OR PA		NO 🗆
2	A TOPE OF THE VALUE OF THE VALU		UNDERLYING OR CONTRIBUTING CA	ISE OF DEAT	H9:56P	MOATH	5-87 YEAR	drive	of an	auto/fix	ed chi	ect i	mpact	
OIS!	PEPA A PE	MEDICAL	21d. INJURY OCCURRED)	21e PLACE O			21f. LOCATIO	N					
DI N	E. WRITE RWARDE PAGE 3 STATE D	M	WHILE NOT WE	K X	stree		.c.l	Steve	nson Lan	e&CharT	s St.	Tow	vson, Md	STATE
	ATIE: TO ORY		22a I certify that I to	ok charge of t	the remains desc	ribed obo	ve, held on	Autopsy X], Inspection	Inqui	ry 🔲, o	ind in my ap	pinion	
	MINI SE PER TOTO	1	death resulted from:	Natural ca	uses ,	Accident	X, Suic		Hamicide .	Undetermined	manner .	,		
	EXA CERT DIED DIRE		My	1	- h	111	10	TI	TLE (SPECIFY)					
	A HE HE HE		SIGNATURE W	Mura	2 AL	400		M.D	Assistan	T MEDICAL EX	AMINER	DATE	4-7-8	7
	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: NAFIER DEATH WITH THE STREAM MANDRE, NEW NO.	1	EXAMINER'S NAME (TYPE OR PRINT)	1	Margarit	a A.	Korell	,M.Door	ESS 11	1 Penn S	Street			
	5 A S A S A S A S A S A S A S A S A S A	23a.B	JRIAL CREMATION REM				IAME OF CEMI			23d. LOCATION	1	COU	NIV	TATE
07/84	BP		Burial	4	/11/87	Ki	ing Mem	. Pk.			1stown		5	18/5
25M	DHMH - 17	24. F	NERAL DIRECTOR		ADDRESS			1		EC'D. BY REGIST	RAR 25b REC	SISTRAR'S S	SIGNATURE	
	(VR A15 ME (5))		Wm C March	F/H We	st 43	00 Wa	abash A	ve.	API	R 9 198	3/ Hules	a Dand	hon-Randa	L.S.

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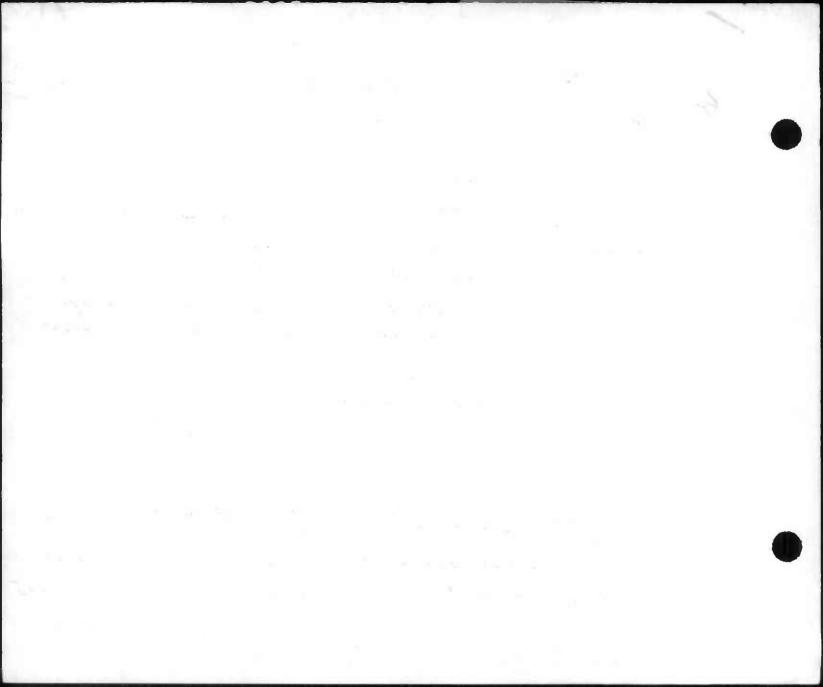
TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rer with the State Dept. of Health and Mental Hygiene prior to burial, crem

DHMH - 16 50M 4/B3 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATM

1017

APE	REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO	0.	
I. DÉ	CEASED NAME FIRST		MIDDLE	LAST		MONTH DAY YEAR	26 HOUR
(TYPE	E OR PRINT)	r.s.	Ro	Santhal		H- 16-87	630 A M
SE	x	4 RACE	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR		
	Female	WHITE	Ingion 1	ab U3	8	3 YRS	NOOKS MIN.
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
NE	WYORK	US	SA WIDOWI		BALTIMO	ORE COUNTY	WE
0 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATE		OF BUSINESS OR
PI	[KESVILLE	PIKE	SVILLE NURSING	G HOME	HOUSEWIE		HOME
USU.	AL RESIDENCE (IF NURSING OME O STATE		GIVE RESIDENCE BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	
MA	ARYLAND		BALTO.	YES 📉 NO 🗌	3901-13	FORDLEIGH	RD. 212
4. F/	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE	IAS	51
_	UNKNOWN		WEINTRAUB		LIE	SOBI	EL
,	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166: SOCIAL SECURITY NO.		RS. NATALATER		
NC		· · · ·	212-05-8763	4320 GARFIEL	D ST., NW	WASH., DC 20	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		fine for (a), (b), and its (Anger a consequence a consequence of the	to and	APPROX BETWEEN	ONSET AND DEATH
		TE CAUSE (o)	Den 40	Frenchoned	WYMING	2000	4.
		DUE TO, O	R AS A GONSEQUENCE OF	of Dreast;	metastatic	6 1	years
	Conditions, if any, which gave rise to immediate	(b)_	Cgo = To / To I	,		/	
	cause (a), stating the	DUE TO, O	R AS A CONSEQUENCE OF				
	underlying couse lost.	(c)					
NO	PART 2 OTHER SIGNIFICANT	A1 -	acces preli	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 11	a
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSES	
TE					YES NO	YES [NO [
GER	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	110110 4		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2]	
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		.M. 19				
MEDICAL	214 INJURY OCCURRED		OF INJURY REEL, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn county	STATE
<	AT WORK AT WORK					11 63	
	22a I certify that (I) (this hasp	12 10 1 41	0 16 63 11	19.83	to Office	193	that (I) (aug) las
	sow the deceased alive of above, (1) (we) (did) (did n	ot) view he body	19.0	nd that in (my) (our) opinion	death occurred on the d		
	22h SIGNATURE		0 /	DEGREE	A MEDICAL STA	22c DAVE	SIGNED
	14	anuel	fein		MEDICAL STAI	IAN []	0/8/
	MANUE L	/ \	U. M.D	6/C/PK H	ers AUE	BALTO ML	12121
	BURIAL, CREMATION, REMOVA	23b. DATE		CEMETERY OR CREMATORY	23d. LOCATION	COUNTA	STATE
	BURIAL		.7,1987 BETH J		FINKSBU		
				.,,,,,		256 REGISTRAR'S SIGNA	
6	5010 REISTERSTO	WN RD.	BALTO, MD	21215 NI	DD 0 4 4007	1. K.	9



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STATE OF MARYLAND

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REG. NO.			

1691 API	115	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE I O	1 9 1
ge 3		ECEASED NAME FIRST GEORGE	ge ROSIER	LAST	April 12,	1987 11:06A M
Poge 4 may be director, page 3 advector, page 3	3. SE	MALE	WHITE	S. DATE OF BIRTH NOV. Co., 1899	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Poge in 72 hours	7a. B	STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city of Baltimore	
by the filed with	XE	COSEDALE	(IF NOT IN SUCH FACILITY, GIVE STREET	SQUARE HOS	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
filled in rould be	130.	STATE 130, COUL	NTY 136. CITY OR TOW -TO. CO. BALTI	MORA YES NO D	13e STREET ADDRESS / 2820 Z	ZIP CODE RALS 212 3
ompletely ompletely ond 2 s	2	NICHOLAS	MIDOLE TROSTER	2 LOFISE	WIDDLE	HOOVER
be exect			MED FORCES? 16b SOCIAL SECU /E WAR OR DATES) 218-40		114 REC	ORDS
oop and a second			nly one cause per line for (a), (b), on ED BY: TE CAUSE (a) Cardiac A	drest		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
es that the death or ned to me to the property or or defectioning)	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	Intarction	NIN AL DISEASE OR COND	DITION GIVEN IN PART Lia
ne low requirence of hos been sign permit. Then the permit of the permit	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
SICIAN: II ng physicia certificate rial-tronsil entol Hygis frem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	19	RED (ENTER NATURE OF INJUR	
offer this os the but hond M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOV	VN COUNTY STATE
spirol or CTOR A Ifor use of Heol				March 31 19 87 87 , and that in (m/9) (aur) opinian	to Apr1 deoth accurred an the da	te and hour and from the couses stated
by the hoby the hoby the hoby the hoby the hoberoched State Dept ANT: If hen		22b. SIGNATURE	Covington	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	
retained by floor Funeral should be det with the State IMPORTANT:		Alfred Coving		22e ADDRESS 9000 Frankl	in Square Dr	rive_21237
BP		BURIAL, CREMATION, REMOVAL BURI AL	23b. DATE 04-15-1987 W	NAME OF CEMETERY OR CREMATORY NORELAND MEM.	PARKULL	LE BALTO, CO. MD
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	VANS CHAPE	LOF MEMORI	25a. DA1	PR 15 1987	156 REGISTRAR'S SIGNATURE Trades - Rondold

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DHMH - 16 60M 7 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ı	U	1	1	line
	REG NO.			

10	FOR STATE REGISTRAR			EALTH AND MENTAL HYGICATE OF DEATH	REG. N		4	
	CLIFF	ord M. Roush	L	AST	April 2	1, 1987	YEAR 26 HC	DUR
3. SE	× Male	4 RACE White	Jan.	1, 1918 YEAR	6 AGE (IN YEARS LAST B	YRS	DAYS HOURS	-
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTY USA	WIDOWE			ore Count	y	
M	ity or town of DEATH iddle River 212		s Qtr		120 USUAL ÖCCUPA LYPEOF WORK FOR MOST Salesman		KIND OF BUSI DUSTRY Chemica	
13a S	AL RESIDENCE (IF NURSING HOME OF STATE Tyland Balt	ROTHER INSTITUTION GIVE RESIDENCE BE NTY 13, CITY OR T Imore Middle	own River	13d INSIDE CITY LIMITS?	13. SIREET ADDRESS 512 Bowle	y's Qtrs	. Rd. 2	212
7	ather's name Harry Rou		Ö.	15. MOTHER'S MAIDEN NA	King		LAST	
160 V	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL S IVE WAR OR DATES) 194 09		Audrey Roush	, Wife	Same	APPROXIMATE IN BETWEEN ONSET A	
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF				E FINDINGS US	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	HOUR A.M. MONTH DAY YEAR		YES NO			
	(IF EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY	19	21f LOCATION	CITY OR	IOWN CO	YTAUC	STA
MEDICAL	WHILE OF WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC }	SIREEI			- 20	
MEDICA	WHILE NOT WHILE AT WORK 220.1 certify that (this has	pital) attended the deceased fro	om	nd that in (QV (our) opinion	, to	date and hour and	that (I from the causes	stote

98. Rice of male and another after thruch grants is retains. meeting to entrie the life nevel et ! The state of the s the state of the s est first a country to the Deleter are trees and the country trees

funeral director, page 3

CTATE OF MADVIAND DEPARTM

	JIA	RE A	I Im	AKIL	ANU		
ENT	OF	HE/	HTJ	AND	MENTAL	HYGIENE	
CE	RT	FIC	ATE	OF	DEATH	1	

REG. NO.	7	3

	ATE GISTRAR					CATE OF DEATH	REG.			
I. DECEA	SED NAME	FIRST		MIDDLE	t.	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
		DORIS	I	EDNA	RUSS	SELL	APRIL 7	,1987		
3. SEX		1	RACE		5. DATE C		6 AGE (IN YEARS LAST B		INDER I YEAR	HOURS
	nale		White		July	7,1916 YEAR	70	YRS	, and	
7a BIRTH	PLACE ISTATE OF F	OREIGN 7	b CITIZEN OF	WHAT COUNTRY	? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
	ryland		USA		WIDOWE		Baltin	ore Cour	nty	
	0. CITY OR TOWN OF DEATH		(IF NOT IN SU	H FACILITY, GIVE STREE	T ADDRESS)	R OTHER INSTITUTION	17ª USUAL OCCUPA TYPE OF WORK FOR MOST Budget Co-	OF WORKING LIFE)	17b. KIND OF INDUSTRY	BUSINES
	vson		/28 Ca	mberly C	ircle	Apt. B-8	Budget Co-	ordinat	or B.	G. &
13a. STAT	ESIDENCE I# NURS TE Tyland	136 COUNT		13c. CITY OR TOV	WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	Circle	212
	4. FATHER'S NAME					15 MOTHER'S MAIDEN N		in Delly	OTICIC	
Cla	arence Di	xon R	ussell	LAST		Jessie	e Welsh MIDDLE		LAST	
14- M/AS	DECEASED EVER			166. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDI	RESS		
No	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	216-03-		Ella G. Tatu	um Sam	10		
18 CAUSE OF DEATH (Enter only one cause				line for a section	advant III				APPROXIM BETWEEN OF	ATE INTERV
18	PART I. DEATH W	AS CAUSED	one cause per BY: CAUSE (a)	4.5	ouator	4 GIARIT			2-3	-
PA	RT 2. OTHER SIGN		1 1-	ONTRIBUTING TO		NOT RELATED TO THE TEL	RMINAL DISEASE OR COI	NDITION GIVEN	IN PART To	
TIFICATI	THE DATE OF OPERATION THE ACCOUNT WAS INDESTING		198. 60ND	ITION FOR WHICH	HOPERATION	WAS PERFORMED	20s AUTOPSY? YES □ NOX	70h IF YES, W IN CERTIFYIN	FRE FINDING	GS USED OF DEATH NO
-010	CONTRACTOR OF THE PROPERTY OF		HOUR A		DAY YEAR	ZIE HOW INJURY OCCU	JRRED LAWREST HATURE OF HA	gift the (TEXA TEXAT)	(OR PART 2)	-,1
V	L INJURY OCCURR		71e PLACE	OF INJURY		211 LOCATION	cmost	nu.	COUNTY	504
2	mas D est ion	9 0	(ATHOME, ST	HEL FACTORS GHEET	TARM, ETC.)	SPREET	CITY SE	VIIII	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
27a Certify that (1) (this haspital) attended the deceased from							date and hour an	87, the	not (I) (we	
228	SIGNATURE	Das	medo	1 M	0	PHYSICIAN	MEDICAL ST.	AFF ICIAN 🗌	22c. DATH S	IGNED 87
PHYSICIAN DIRECTOR PHYSICIAN DIR								1		
220		Н. М	cDouga1	, M.D.		JOOT FOCH	Raven bivu.	Baltimo	ore, M	a.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-trainer permit. Then please nemarch the State Dept. of Health and Mental Physiene prior to burial, cremit with the State Dept. of Health and Mental Physiene prior to burial, cremit

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGINO.		

	1 -	FOR STATE REGISTRAR		IT OF HEALTH AND MENTAL HYGERTIFICATE OF DEATH	SIENE ! BECONO	194	
		EDWARI	MIDDLE RI	TKAUSK AS	20 DATE OF DEATH M	SONTH DAY YEAR	26. HOUR
	1 50		RACE S.	DATE OF BIRTH MONTH DAY 12-17-1923	AGE 1 YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR MONTHS DAY	
1	2 88	RTHPLACE CTOLORION 76.	\// ' A	MARRIED NEVER MARRIED	BALTIMORE CITY OR		acto Com
)	1	tradlawn 10	NAME OF HOSPITAL, NURSING F (IF NOT IN SUCH FACILITY, GIVE STREET ADDI 680 LISTER DOOR	RESS) Rd. 21207	120 USUAL OCCUPATIO (TYPE OF WORKING MOST OF	WORKING LIFE) INDUSTR	Steel Go
5	136(5	Tall Dade	to The AD	YES NO YES	130. STREET ADDRESS /	ZIP CODE Rd.	21207
Ď	1	MINISTER CHIEF	thousker	15. MOTHER'S MAIDEN NA	MIDDLE		LAST
	18	VAS DECEUSED EVER IN U.S. ARMEI VS., NO OR UNKNOWN) I IF YES, GIVE W.		of Thoula a.	address Juthanne	Koso Ker	Lwood Rd
	0	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BIMMEDIATE C		VCN.	f bullet	BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	TE OF	12)	/	05
2	CERTIFICATION	19 DATE OF OPERATION	196. CONDITION FOR WHICH OP	ITH BUT NOT RELATED TO THE TERM	206. IF YES, WERE FINE IN CERTIFYING CAUS	DINGS USED SES OF DEATH?	
2		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR	RED (ENTER NATURE OF INJURY	YES	NO [
	MEDICAL	214 INJURY OCCURRED WHEEL OF NOT WHEEL OF	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	211 LOCATION	CITY OR TOW	N COUNTY	STATE
		220.1 certify that (1) (this haspital) saw the deceased afive on above (1) (ve) (did) (did nat)	4 198	, 19, 19, 19, and that in (my) (aur) apinion	death accurred an the dot		1
,		77L SIGNATURE	on Dod	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICI	22c. DA	TESIGNED / 17
		RAYMOND D. BA	HR, M.D.	3455 WILKENS	AVENUE, BAL	TO. MD 212	29
	Li	SPECIFY)	236. DATE 234. NAM 4-21-1987 Herr	AE OF CEMETERY OR CREMATORY	Pa Noung he	es Sounty	Es. Thel.
		INERAL DIRECTOR	o galts. ADDRESS.	21223 25a. DA	DD 2 1 1087	SURECISTRATE SIGN	A. Kandada

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

TO FUNERAL DIRECTOR, After this certificate box been should be detached for use as the buriol-transit permit. If with the State Dept. of Health and Mendal Hygene prior h

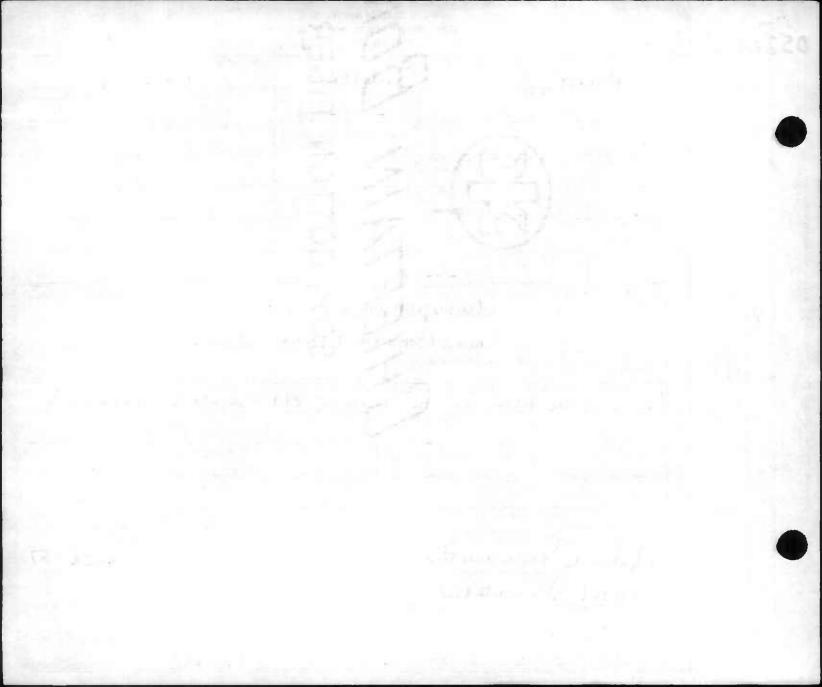
IMPORTANT: If Nem 21 is marked as



STATE OF MARYLAND

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2003	FOR STATE REGISTRAR		D	EPARTMENT OF I	ICATE OF DE		REG. NO.	1 9	5	
oge 3 decth	1. DECEASED NAME (TYPE OR PRINT)	bert	WIGDLE	So.	dilek		ATE OF DEATH M	ONTH DAY	87	M. HOUR
oge 4 me rector, p	MALE		WHITE	MONT 7	d CIAY	03	83	YRS	HS DATS F	HOURS MIN.
135	RTHPLACE (STATE COUNTRY) Maryland		USA	UNTRY? 8. MARRIE WIDOW	NEVER MA	RRIED 7 BA	LTIMORE CITY <u>OR</u> COUNTY	COUNTY OF I	DEATH	MD
190	BALTIMORI	EATH 1	NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G			(TYPE	SUAL OCCUPATION OF WORK FOR MOST OF V etired-E	WORKING LIFE) IN	teel	BUSINESS OR
134 ha	130 STATE Md.	Balt	13c. CITY C	or town 1 timore		○* *	REET ADDRESS / 1		Road	21219
ORO	Joseph	MID	Sarile	ek	Mar y		MIDDLE		== LAST	
Pages	160 WAS DECEASED EV (YES NO OR UNKNOWN)	R IN U.S. ARME	AR OR GATESI	-09-0440	17. INFORMAN		ADDRES:		veRoa	ad2121
nser been algred by the operand. Thus please remains prior to benief, creams one priory, or other tro	Prolowo	GNIFICANT CON	DUE TO, OR AS A CO (c) NDITIONS CONTRIBUTE Attain Sol 196. CONDITION FOR	ING TO DEATH BU	NOT RELATED TO	O THE TERMINAL I	AUTOPSY?		There	GS USED
COAN IN physics entitions in additional in a	210 ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MON	NTH DAY YEAR			ENTER NATURE OF INJURY			
or the co	21d INJURY OCC		21e PLACE OF INJURY LATHOME STREET, FACTORY		21f. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
TOR At for use of of Health) attended the decease			19, to	accurred an the date	te and have and		ot (1) (we) lost ouses stated
r the host CAL DIREC detached one Dryff.	226 SIGNATURE	ue &	lewort.		PH	ENDING ME	DICAL STAFF		22c. DATE SI	IGNED 87
rouned by	Micha	el Sc	lewartz M		22e ADDRESS					
BP	230 BURIAL CREMATIO (SPECIFY) Buri	al	23b. DATE 4/28/87		Memor		d. LOCATION CITY OF TOWN Belair D. BY REGISTRAR 2:		ord N	STATE ARY Lai
OHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR		lHome 300i	MaceAve	21221		PR28 198		S SIGNATUR	



FOR	
STATE	
REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH /

1	0	-	9	8
1	REG. NO.	1	-	•

25 1	1 DF	CEASEDINAME	FIRST	MIDDLE		LAST	20.0	DATE OF DEATH MONTH	DAY YEAR	2b HOUR
J J A	i (il YP)	AN	NA	BARBARA	A	SAHLMAN	1	April 10, 198		11:45P
e e	3 SE	X	4 RACE			TE OF BIRTH		GE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1		emale	h	Nhite	12	311891		95 YR		HOURS MIN.
2 5/5		THPLACE (STATE OR FOIL	REIGN 76 CITIZE	N OF WHAT COL	INTRY? 8.	RRIED NEVER MARRIEL	D XX 9 BA	ALTIMORE CITY OR COUP		
120	1	laryland		S.A.	WIDO	OWED DIVORCE	D	Baltimore	County	М
90		OWSON		TIN SUCH FACILITY GINES BYTERIAL, I	NURSING HOA VE STREET ADDRESS IN HOME	of Maryland	L 120 U	USUAL OCCUPATION E OF WORK FOR MOST OF WORKIN CLERK	IG LIFE) 12b. KIND C INDUSTRY	of Business of Ink.
35	130	AL RESIDENCE (IF NURSING STATE TO THE STATE	G HOME OR OTHER INSTI LOUNTY	13c CITY C		13d. INSIDE CITY LIMI YES NO	ITS? 13e S	STREET ADDRESS / ZIP CO	ODE Balto	., md.
DIV	H. FA	THER'S NAME	WIDDLE		AST	15 MOTHER'S MAIDE		MIDDLE	LAS	ST
20	-	Anton			Sahlman	Anna			Linz	,
1917			U.S. ARMED FORG	ATES)	AL SECURITY N			ADDRESS		
1		No		215-0	07-8518	Mrs. Mang	er 400	Georgia Ct.		******
4 00		18 CAUSE OF DEATH PART I. DEATH WAS	Enter anly ane cau	se per line for (a),	, (b), and (c)				APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	13		MEDIATE CAUSE		uff	M-I			hR	5
0 4	1	100 1 1 V	DUE	TO, OR AS A/CON	NSEQUENCE C	F			la	
During Day	13	Canditians, if any,	which ((b)	BCV-	D			913	5
4 5 5		gave rise to imme cause (a), stating	- 11	TO, OR AS A CON	NSEQUENCE C	F				
5 t		underlying cause	last.	(6)	100000000000000000000000000000000000000					
9 1 1 A	1	PART 2 OTHER SIGNIE	FICANT CONDITIO	NS CONTRIBUTION	NG TO DEATH	BUT NOT RELATED TO THE	E TERMINAL !	DISEASE OR CONDITION	GIVEN IN PART 1	a
10 10	S S	PARK	-IN) SON	5 76	CARD					
1	FICATION	190 DATE OF OPERATIO	ON 19b. C	CONDITION FOR	WHICH OPERA	TION WAS PERFORMED		INCE	YES, WERE FINDIN	OF DEATH?
134	CERTIF	21g. ACCIDENT WAS UNDER	RIYING T 21h T	IME OF INJURY		21/ HOW INJURY O		ES NO ME	YES _	NO [
10 0	1.0	OR CONTRIBUTING CA	USE OF DEATH HOL	UR A.M. MONT	TH DAY YE	AR	CCORRED	ENIER NATURE OF INJURY IN TIEM	18 PART I OR PART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRE		P.M.		211 LOCATION				
12 21	ME		TATHO	OME STREET, FACTORY	OFFICE FARM, ETC			CITY OR TOWN	COUNTY	STATE
10.0		NOT WHILE				14 16	87/	1.00	- 97	
1 2 2	10	220.1 certify that (1) (#				19_	01	· ITPIZICI	2, 19_0/	that (It (we) la
2 0 0		saw the deceased abave, (I) (we+tdic	dive an	bady after death	19 0 /		pinian death	accurred an the date and		
9 0 ±		22b. SIGNATURE	4/4	10 1	, ,	DEGREE		DIG.1. 67.55	22c DATE	SIGNED
1 5 1		1 DY	gener	LLA	Med	PHYSICI	IAN DIR	DICAL STAFF	4-	13-87
1 2 6		220 PHYSIC AN'S NAM			1 0	22e ADDRESS				
# # # # # # # # # # # # # # # # # # #		Sid	ney J. Ve	enable J	R	7215	York R	load		
213		URIAL, CREMATION, RE	MOVAL 23b. DA	TE	23c NAME C	F CEMETERY OR CREMAT		Id LOCATION		
Lance of the same		Burial	4.	-13-87	1st Un	ited Evangel	ical	Baltimore	COUNTY	Maryla
	24 F	JNERAL DIRECTOR		13-01		125	Sa. DATE REC	D. BY REGISTRAR 256. REG	SISTRAR'S SIGNAT	
60M 7/B4 15, 4)	Mi	tchell-Wied	efeld Hor	ne 6500 3	York Ro	ad 21212	ADD .		Dividion &	Liea
(3, 4)	L.	COLLET WIEG	CLCIU IIOI	11C 0300 .	TOTK TO	ad ZIZIZ	AFT	1 7 190/ Julian	M. Coracelly.	PARCINITIES

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FOR STATE	DEPARTMEN
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	KNO. N	U.a		

		WILLIA	M	R.	SA	INN .	JR.		4	25	8.7	211
3. SE	EX	4.	RACE		5. DATE OF	F BIRTH DAY	YEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS	ER I YEAR DAYS	HOURS I
	MALE		WHITE		6	6	24	6	2 Y	RS.		
	SIRTHPLACE (STAT	E OR FOREIGN 76	CITIZEN OF	VHAT COUNTRY?	8. O	NEVER /	MARRIED [9. BALTIMORE CI	TY OR COL	JNTY OF D	EATH	
1	JARYLA.	00	BALTI	MORE CN	WIDOWED		VORCED	BALTIM	ORF C	COUNT	Υ	
10. C	CITY OR TOWN OF		1. NAME OF H	OSPITAL, NURSIN	G HOME OF		TITUTION	12a USUAL OCCL	PATION	126	KIND OF	BUSINESS
	TOWSO	NI C		FACILITY, GIVE STREET,				ASS T.		RSS R	DUSTRY	à Es
	JAL RESIDENCE (#	NURSING HOME OR OT	THER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)			4		1	BALT	
130.	MD	BALT I		PARKUIJ	N	13d. INSIDE C	NO X	2504 H				2123
14. F/	ATHER'S NAME	IDALII	MOKE	MAN			S MAIDEN NA		TROWC	JOD K	<u> </u>	212)
	FIRST	A A	DDLE	LAST	50	La	FIRST	MID 3 C	DLE		CAST	000
16a \	WAS DECEASED E	VER IN ILS ARAM	ED FORCES?	16b. SOCIAL SECU	DITY NO	17 INFORMA	THER		DDRESS		1 10	KHU
	(YES, NO OR UNKNOWN	(IF YES, GIVE V	WAR OR DATES)	N. SOCIAL SECO	0.50	II II OKMA		P				
_	125	(W.C)		261 618	131	- FF	JW177	NECOR	05			
	18 CAUSE OF D	EATH (Enter only H WAS CAUSED	one couse per	line for joi, (b), one	d (c1.)	,		1.0		01	BETWEEN O	MATE INTERVA
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			DUE TO, OR	AS A CONSEQUE	NCE OF /			/		1		
	Conditions, if	any, which		covere	1 - 1	encic.	Conto	acstrue	carl	1 30 0004	01	
	gove rise to	immediate										
			3 DUE TO OF	AS A CONSTOUR	NCE OF		(1	
	couse (o), s		DUE TO, OR	AS A CONSEQUE	NCE OF		(5/	
	couse (o), s underlying c	toting the ouse lost.	(c)			NOT RELATED	TO THE TERM	JINAI DISEASE OR	CONDITION	N GIVEN IN	PART No	
NO	couse (o), s underlying c	toting the ouse lost.	(c)			NOT RELATED	TO THE TERM) NINAL DISEASE OR	CONDITION	U GIVEN IN	PART 110	
ATION	couse (o), s underlying c	tating the ouse lost.	(c) DNDITIONS CO		DEATH BUT N			NINAL DISEASE OR	20b.	IF YES, WER	E FINDIN	GS USED
IFICATION	couse (o), s underlying co	tating the ouse lost.	(c) DNDITIONS CO	INTRIBUTING TO E	DEATH BUT N			20a AUTOPSY?	20b. IN C	IF YES, WER ERTIFYING	E FINDIN	GS USED OF DEATH?
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MEDICAL	PART 2. OTHER 19a DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER. NOTIFY 21d. IN JURY OCC WHILE AT WORK 22a. I certify the sow the de- obove (11) M 22b. SIGNATURE	Toting the ouse lost. SIGNIFICANT CO ERATION SUNDERLYING (CAUSE OF DEATH MEDICAL EXAMINER) CURRED OT WHILE (CAUSE OF DEATH MEDICAL EXAMINER) OT WHILE (CAUSE OF DEATH MEDICAL EXAMINER) OT WHILE (CAUSE OF DEATH MEDICAL EXAMINER) STANDARY SNAME (TYPE OR PROCESSED OF THE CAUSE OF THE C	19b. CONDITIONS CO 19b. CONDITIONS CO 19b. TIME OF HOUR A.A. 21b. PLACE C (AT HOME, STRI	TION FOR WHICH FINJURY A. MONTH DA A. OF INJURY EET FACTORY, OFFICE, F. deceased from and 19 3ther death.	OPERATION AY YEAR 19 ARM, ETC.)	21r. HOW IN 21f. LOCATK STREET d that in min	JURY OCCURION 1, 19 7 5 (***) Opinion ATTENDING PHYSICIAN S	20a AUTOPSY? YES NO RED (ENTER NATURE O	PINJURY IN ITE	IF YES, WERE ERTIFYING YES MAIB PART I O	E FINDIN CAUSES (CAUSES (DUNTY DUNTY 2. DATE S	GS USED OF DEATH? NO STAT

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been should be detached for use as the burial-transit permit. The with the State Dept, of Health and Mental Hygiene prior

retained by the haspital or ottending physician.

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Mary Committee of the C

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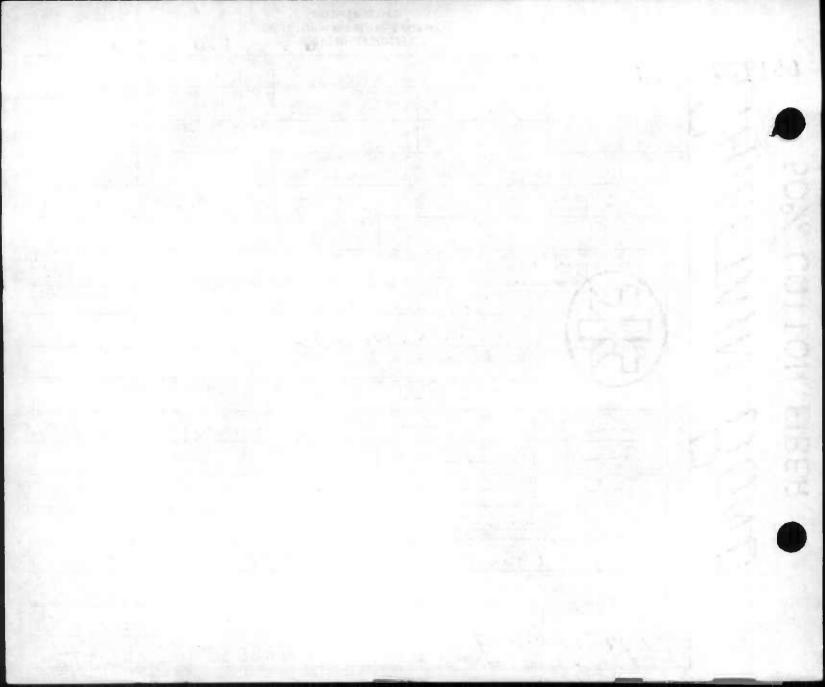
STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF DEAT	H /	RE	No.	7 0		
4	TITYPE	John	EIRST		enry	Scha	aefer		20 DATE OF DEATH	27,	1987	2b HOU	IR M
9	1.5E)			4 RACE		5. DATE O	OF BIRTH	6	AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER TYEA	-	24 HRS
١		Male		White	е	De	ec. 14, 19		75	YRS		HOURS	MIN
-	AE TH	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARR	IED 7	BALTIMORE CIT				
5		Maryland		USA		WIDOWI	ED DIVORC	ED 🗌	Baltimo				MD.
A		ty or town of dea Phoenix	TH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET Harcum F	ADDRESS)	OR OTHER INSTITUTION Phoenix,	Street	Type of work for MC Policema	ST OF WORKING	LIFE) INDUSTR	of BUSINE	
-	1	AL RESIDENCE (IF NURS	ING HOME OF				THOCHIX,	ma	Fonceme	161	Dait		1131
	13a S	aryland	13b COU	VIY	Phoenix	N	136 INSIDE CITY LI	MITS?	13715	S / ZIP CO Harcui	m Rd.,		
X	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAI		E MIDDL			AST	
	20	Charles	٧		Schaefer		Li	zette		Mi	er		
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT			DRESS	Phoe		2113
P		No	(# 123.01	WAR OR DATES!	216-03-4	316	Mrs. Joa	an S.	Weyrich	, 1371	5 Harc	um R	d.
		Canditions, if any, gave rise to imm cause (a), statin underlying cause	MMEDIA which nediate ig the	DUE TO, O	R AS A CONSEQUE	NCE OF	yopsth	y	11.02				
	NO	PART 2 OTHER SIGN	MIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO T	HE TERMIN	AL DISEASE OR C	ONDITION	GIVEN IN PART	lta	
1	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	D	200 AUTOPSY?	IN CER	YES, WERE FINE TIFYING CAUSI YES		TH?
7	100000	21a. ACCIDENT WAS UNIT OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.	OF INJURY M. MONTH DA	AY YEAR		OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM	IB PART OR PART 2		
	MEDICAL	216 INJURY OCCURI			OF INJURY REEL FACTORY OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITYO	R TOWN	COUNTY		STATE
		220.1 certify that (1) saw the decease abave (1) we to	ed alive ar	4/24/	67 19		nd that in (my) Yaur)	apinian de	, ta	e date and h	19 naur and fram th	that I) (
4	1	22b. SIGNATURE	rla	I frem	, MO		PHYS	IDING ICIAN	MEDICAL S	TAFF SICIAN	22c DA	E SIGNED	
		Richard		SS, M.	D.		50 Sc	cott /	Adam RD				
	23a. E	Burial, CREMATION, Burial	REMOVAL	23b. DATE 4/29	/07		Y Valley	Cem.	23d. LOCATION CITY OR TOWN Timor	nium,	Balto.		JATE .
	74 F3	Bryan W.	/// Clary	, 10 W.	Padonia I	Rd.		AP	REC'D. BY REGISTE R 2 9 1987	AR 25b. REG	The same of the sa	-	

DHMH - 16 60M 7/B4 (VRA 15, 4)



requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	0	à	63	
1	REG. NO.		1	7
-	REG. NO.			

(1YP6		William	F	rederick	Sc	haefer	,Sr.		Apr	il 5	1987	8-	M
3. SE	X		4 RACE		5 DATE OF	BIRTH	YEAR	AGE (IN YEAR	S LAST BIRTHDA	AY)	MONTHS DATE		24 HRS MINL
_	ale		White		March	n 5	1907	80		YRS.			
	IRTHPLACE (STA	TE OR FOREIGN		WHAT COUNTRY?	MARRIED	M NEVER M	ARRIED -	BALTIMORE	_				
	aryland	E DE ATU	USA	HOSPITAL NURSIN	WIDOWED		ORCED	Bal 120_USUAL OC	timore			OF BUSIN	MD
		PUEAIN	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)		1011014	mRetire	OST OF W	ORKING LIF	FE) INDUSTR	Y	233 OK
	IMONIUM AL RESIDENCE	F NURSING HOME OF		Iliffs COL		t. 201		Vice P			Prin		an c
130. 5	STATE	13b COU	NTY	13c. CITY OR TOW		3d INSIDE CIT	TY LIMITS?	1 Baili	ffs C	IF CODE	Acro-	grap	nics
	ATHER'S NAME	Bait	imore	Timoniu			MAIDEN NAM	E	2109				
1)	Georg	ne er	John	Schaefe	r	Cla	ra ra		otta		1	Show	er
	WAS DECEASED	EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU		7. INFORMAN			ADDRESS	-		+1	
- (YES, NO OR UNKNOW	N) (IF YES, GT	VE WAR OR DATES)	214-01-	4168	Cathe	rine C	. Schae	efer,	1 B	ailiffs	Ct.,	210
	18 CAUSE OF	DEATH (Enter or	nly ane couse per	r line foj (a), (b), an	idici.i A	1		4-			BETWEE	XIMATE INTE	RVAL
	Conditions, if gave rise to couse 101, underlying	immediate stating the couse last.	(b)	OR AS A CONSEQUI	ENCE OF	2 Col	on Cu	ncle	DR CONDIT	ION GIV	VEN IN PART	l í a	
VIION	gave rise to couse 101, underlying PART 2 OTHER	immediate stating the couse last.	DUE TO, O (b) DUE TO, O (c) CONDITIONS C	OR AS A CONSEQUI	ENCE OF					3			
TIFICATION	gave rise to couse (o), underlying	immediate stating the couse last.	DUE TO, O (b) DUE TO, O (c) CONDITIONS C	DR AS A CONSEQUI	ENCE OF			20a AUTOPS	SY? 2	Ob. IF YES	S, WERE FIND FYING CAUSE	INGS USE	TH?
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	gove rise to couse 101, underlying PART 2 OTHER 190, DATE OF O 210, ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTE IN WORK 210, I WORK 220, I certify the saw the dispose, (I)	immediate stating the couse last. SIGNIFICANT I PERATION AS UNDERLYING CAUSE OF DE VANCOLAL EXAMINE CURRED AT WORK at (1) (this hosp eccessed alive or we) (did) (did no we) (did) (did no we) (did) (did no we) (did) (did no we)	DUE TO, O (b) DUE TO, O (c) CONDITIONS C. 19b. COND 19b. COND 21b. TIME C HOUR A R) 21c PLACE (AT HOME ST	OR AS A CONSEQUION ONTRIBUTING TO DITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, I	ENCE OF DEATH BUT NO OPERATION AY YEAR 19 FARM. ETC.)	WAS PERFOR 21c. HOW INJ 211. LOCATION STREET that in (my) (CORREE A	N 19 aur) apinian di	200 AUTOPS YES NO LENTER NATUR To Peoth occurred of	RE OF INJURY IN	Ob. IF YES	S, WERE FIND FYING CAUSE FYING CAUSE COUNTY 19 and from the	DINGS USE ES OF DEA NO [STATE we) last
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DHMH - 16 60M 7/84 (VRA 15, 4)

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4/10

STATE OF MARYLAND

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	REG. N	- Ca	U	

I. DECEASED NAME 1887 MODILE 1887 MODILE 1887 MARCE MALE	051096 APR 22	17.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE I Q	2 0	1	
MALE SACE S	be beoth		1. DECEASED NAME FIRST MIDDLE LAST Zo. DATE OF DEATH MONTH DAY YEAR Zb. HOUR									
NEW YORK USA NOW DOTE DIVORCED DIVOR	opei que de la pois	3. SE.			WHITE OCT 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIEI					MC		
OWINGS MILLS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Americal distribution of the state of the st		COUNTRY)	OREIGN				D DIVORCED		RECITY OR COUNTY OF DEATH		
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lip	t after the tr	OW:	INGS MILLS		11"5"WT1	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lip	AND 215	130. 3	MARYLAND	136 COUR	VIY	13t. CITY OR TOW	N	YES 📉 NO 🗌		ZIP CODE W BEND	DR.,	APT. 2A
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to	MARYL OCOUN		MORRIS		SC	HARF		FIRST JEA	NNETTE MIDDLE			
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to	201 W. PRESTON ST., es that the death certific ned by the attending ph please remove carbon p urial. cremation, or remo		YES NO OR UNKNOWN)	(IF YES GI	E WAR OR DATES						ILLS,M	D 21117
NO NO CONTRIBUTING CAUSE OF DEATH? 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 196. CONDITION 196. CONDITIO			Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF									
216. ACCIDENT WAS UNDERLYING OR CALL EXAMINER) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY OFFICE, FARM, ETC.) 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY OFFICE, FARM, ETC.) 218. TIME OF INJURY 219. ACCIDENT WAS UNDERLYING OR CALL EXAMINER) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 218. TIME OF INJURY 219. ACCIDENT WAS UNDERLYING OR CALL EXAMINER) 219. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE	AL RECORDS, he law requir ion. ti persuit There int person to be consequy injury	TIFICATION	Ree	at	Brown	Stan	5h	alce.	YES NO YES NO NO			NGS USED OF DEATH?
	SION OF VII. PHYSICIAN: This certificate the buriot-transford Mental Hyg		OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	CAUSE OF DE	HOUR A. R) P. 21e. PLACE	M. MONTH DA M. OFINJURY	19	211 LOCATION				STATE
	TO HOSPITAL O retoined by the TO FOUNERAL DI Should be detack with the State De MMPORTANT: If I		ATTENDING MEDICA PHYSICIAN SINAME (1991 OLIS) 220 ADDRESS OLIS 220 ADDRESS OLIS						DIRECTOR D PHYSI	FFCIAND	191	49
ATTENDING MEDICAL STAFF ATTENDING MEDICAL STA	Sho of sho	23a E	BURIAL, ARMOVAT	REMOVAL	APR.16	,1987 CI	DAR E	EMETERY OR CREMATORY	23d. LOCATION	US	COUNTEN	JERSÉV

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTO., MD. (21215)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE APR 2 1 1987

G.

FOR 1 - STATE REGIST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	56.00	12
0 4	U	lim
REG. NO.		- 4

-1	. 6	REGISTRAR				Tentre of Sainty	REG. N	10.			
1		CEASED NAME FIRST	M	IDDLE	ı	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
1	line	FLLΔ	MAG		CC	HISSIER		1. 100	2/27	6.45	= M
Ì	3. SEX		4. RACE	della in-	S. DATE C		6 AGE (IN YEARS LAST B		IF UNDER TYEAR	IF UNDER 24	HRS
П		FEMALE	WHI	TE	MONTH			WDS	MONTHS DAYS	HOURS	MIN.
ŀ	7ec BIF	RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	B	17/25	9 BALTIMORE CITY	OR COUN			
é.	C	COUNTRY)				D NEVER MARRIED		211 00011			
1	_	aryland TY OR TOWN OF DEATH	U.S.	OSDITAL NUIDSINI	WIDOWE	DIVORCED DIVORCED	120. USUAL OCCUPA		125 KIND	OF BUSINESS	MD
3		TOWSON	(IF NOT IN SUCH	FACILITY, GIVE STREET A	ADDRESS)		(TYPE OF WORK FOR MOST Homemaker				5 OK
4		AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION.	OSEPH H	OSPI ADMISSION	TAL	11011101101101	•			
		STATE 136. CO		13c. CITY OR TOW!	Ν	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CO	DE		
1	1 51	THER'S NAME		Balto.		YES NO	1 4418 FL	IRLEY	AVE	21206	<u></u>
d	14. FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST	WIDDIE		L/	AST	
1	1	William	E.	Cath	cart	Helen			Ferguso	n	
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	4112 ADDI	ESS W	ilke Av	۵.	
1	(1	No	SIVE WAR ON DATES!	220-18-	3640	Ms. Linda			Balte		
ł		18 CAUSE OF DEATH (Enter	nnly nne chuse ner l				00		APPRO	XIMATE INTERVA	N.
ı		PART I. DEATH WAS CAU	SED BY:	& Cul	V	celvern	y The	cen	BETWEEN	ONSET AND DE	AIR
ł		IMMEDI	ATE CAUSE (0)	0			1	0			_
ı			DUE TO, OR	AS A CONSEQUE	NCE OF	Myperm	1. 1 y	(AA.	Dou	1	
1		Conditions, if ony, which	(b)	ran	L L	Jo coc.	/_/	Varia	7	-	
ı		gave rise to immediate couse (a), stating the	DUE TO, OR	AS ACONSEQUE	NCE OF	U n	, 1.	1)	D 6	20	
1		underlying couse lost.	(6)	Children and the second	10	quent	-c Cox	700	July W	330%	
ı		PART 2 OTHER SIGNIFICAN	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE JERA	AINAL DISEASE OF CO	ADITION C	IVENATORARTA	6	
I	Z	An	· lin	Regre	re	no phi	alells	ue	ecc.	10	
Н	CERTIFICATION	190. DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS L			INGS USED	
/	FIC								TIFYING CAUSE		?
4	IRT.		E NI TIME OF	B I II IBV		Tal. How himmy occur	YES NO		YES	NO 🗌	_
ı		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	21b. TIME OF HOUR A.A	A. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	(KED (ENTER NATURE OF IN)	URY IN ITEM 1	8 PARI 1 OR PARI 2)		
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN		۸.	19						
ı	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C			21f LOCATION	CITY OR 1	OWN	COUNTY	STA	TE
ı	Σ	AT WORK NOT WHILE	TAT HOME, SIRE	ET, FACTORY, OFFICE, FA	ARM, ETC)	SINCE					
١		22a.1 certify that (I) (this has	nital) attended the	deceased from		10	to		, 19	that (I) (we	a) lost
ł		sow the deceased alive				nd that in (my) (our) apinion					
ı		obove (I) (we) (did) (did	not) view the body o	fter deoth.			dediti decorred dir ille	3010 0110 11			···
ı		22b. SIGNATURE	1111	1	and	DEGREE ATTENDING	MEDICAL ST.	AFF	ZZC. DAT	ESIGNED	_
ı		VIII/	MI	2 - 1	TE		DIRECTOR PHYS		41	28/8	7
1		224 PHYSICIAN'S NAME (TYP	OR PRINT)	0.4		22e ADDRESS				/	
		912 Cit	1 6	VAT (21	4io					
†	23a. B	BURIAL, CREMATION, REMOVA	AL 23b DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
		(SPECIFY) Removal	4-28-8				CITY OR TOWN		COUNTY	STAT	TE.
ŀ	24 FL	JNERAL DIRECTOR	1 20 0			75a. DA	TE REC'D. BY REGISTRA	R 25b. REGI	ISTRAR'S SIGNA	TURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital or attending physician.

TO HOSPITAL OR

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medico TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remayol.

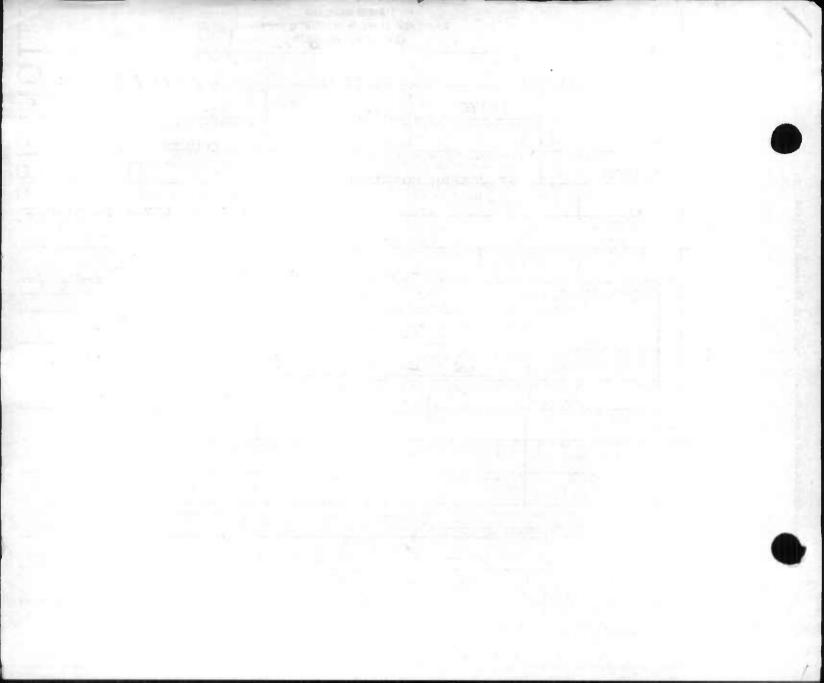
State Anatomy Board

Balto., Md.

ADDRESS

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

i	Q. NO2	U	3
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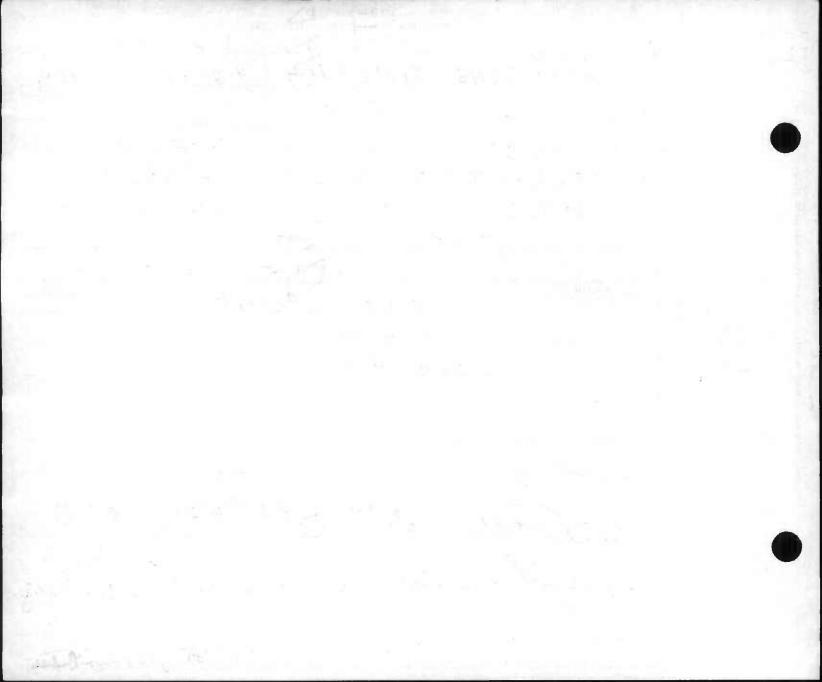
	7.6	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	04	4	
		OR PRINTS CATTLE	TER I	NE S	CH	Schlauch LAUCH	20 DATE OF DEATH 4-21-8	MONTH DAY	_£ YEAR	1800 pm
	3 SE)	(4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
		Female	White		June		80	YRS.	THS DATS	HOURS MIN.
		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA PDIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	7 - 17
>		Md.	U.S.A		WIDOWE		Baltimo	re Count	ty	MD.
S		TY OR TOWN OF DEATH	LIF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	eral Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Self-emp.	F WORKING LIFE)	12b. KIND O INDUSTRY, Ni ah	t Club
-	USUA	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				5-	
			imore	Randalls		YES NON	42 Sherate		211	L33
7		THER'S NAME FIRST John		oehrkolb		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS Ey	1
	(1	VAS DECEASED EVER IN U.S. (IF YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	219-32-24		Dr. John Dar	rell (son)		ddress	5
The second second second	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause [a], stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
7	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	IG CAUSES	IGS USED OF DEATH?
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF T	21e PLACE (AT HOME STE	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	19 ARM ETC)	216 HOW INJURY OCCURR 216 LOCATION STREET	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	COUNTY	STATE that (1) we) last
1		sow of deceased live obove. (I) we (idid) idid 22b. SIGNATORE 22d. PHYSICIAN'S NAME (1VP)	nat) view the body	ofter death.	7	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	FF /	22c. DATE	
	23e. B	URIAL, CREMATION, REMOVA	23b. DATE 4/24/8			EMETERY OR CREMATORY eart of Jesus	23d LOCATION Baltimo	re	DUNTY	Md TATE
	24 FU	INERASCHIMONEK F	UNERAL HO	OME, INC.		250 DATE	REC'D. BY REGISTRAR	25b. REGISTRAI	R'S SIGNATI	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

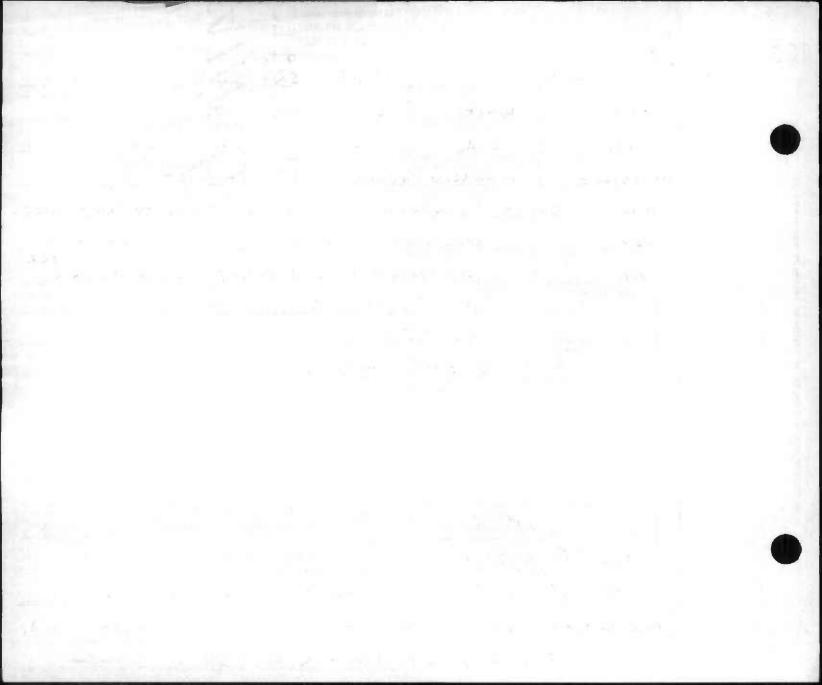
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3331 Brehms Lane, Balto. Md. 21213

APR 2 4 1987 Julia Diridanila



0000 1000	1-	FOR STATE REGISTRAR			DEPAR	MENT OF H	OF MARYLAND M EALTH AND M CATE OF DE	ENTAL HYG	IENE REG. NO 20 DATE OF DEATH MON		
TU DU DU MIN a		OR PRINT)	FIRST		MIDDLE		LST.	0 .			26 HOUR
tor, page 3 ofter deoth			onald	/			ILIMME	5R	April 17, 19		7:50a M
d La	-3. SE	(4.	RACE		5. DATE O		YEAR	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAY	
8 9 5		MALE		WH		2	14	1911	76	YRS.	
h. Po 2 hou		OTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNTRY	? 8. MARRIEI	□ NEVER MA	ARRIED 🖵	9. BALTIMORE CITY OR C		
deot	2	mD.		US		WIDOWE	DIVID MI	ORCED 🗌	Baltimore Co		MD.
s ofter on the followith and integral		TY OR TOWN OF DEA	TH 1	(IF NOT IN SUC	HOSPITAL, NURS CHEACILITY, GIVE STREI NKLIM	T ADDRESS)			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTR	OF BUSINESS OR
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours in a straight of the second physician. When this certificate has been signed by the attent of physics, and completely filled in by a stree burial-transit permit. Then please remove common physics and completely filled in by as the burial-transit permit. Then please remove common physics and 2 should be filled in by an American physics prior to burial, cremation, sent that execute families must be a content of the all 8 shows any injury, or other traumant event that execute families must be a content of the all 8 shows any injury, or other traumant event that execute families must be a content of the all 8 shows any injury, or other traumant event that execute families in the all 8 shows any injury, or other traumant event that execute families in the action of the action o	USU	AL RESIDENCE (IF NURS	NG HOME OF O	THER INSTITUTION		RE ADMISSION)	13d INSIDE CIT		13e.STREET ADDRESS / ZI	n CODE	
filled audd	130. 0	mb.	BAL		DUND			NO D	2524 LIBE		y 2/222
within within d 2 sho	14. FA	THER'S NAME		IDDLE	LAST		15. MOTHER'S				
and 2 min plet	1	250	MI		SCHLIM	ME		T H	WIDDLE	STAI	FORD
executed computes com		VAS DECEASED EVER		ED FORCES?	16b. SOCIAL SEC		17. INFORMAN		ADDRESS		21222
× 5 8	((ES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	213-07	- 9470	SUSA	U STE	ALEY 22	EASTSH	IRRD.
		18. CAUSE OF DEAT	Enter only	one couse per							OXIMATE INTERVAL IN ONSET AND DEATH
death certificate other displaying ove on appropriation, fron,		PART I. DEATH W	IMMEDIATE	CAUSE (o)	Cardiopul Rashconsto		arrest				
that the deal of by the atter lease remover iial, cremation or ather traum		Canditians, if any, gave rise to imm couse (a), statin underlying cause	nediote g the last.	DUE TO, O	r as a conseq Congestiv	ve hear					
equires n signe Then pl to buri njury, c	7			ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED 1	O THE TERM	INAL DISEASE OR CONDITI	ION GIVEN IN PART	110
requents or to y inju	TIO	Dementi							Ter with the least	N JEWES WEDE EN	
The law reician. Te has been sist permit. I giene prior	CERTIFICATION	19a DATE OF OPERA			ITION FOR WHIC	H OPERATIO			YES NOX	Db. IF YES, WERE FIND N CERTIFYING CAUS YES	NO _
YSICIAN: The ding physicio s certificate h buriol-tronsit Mental Hygie		? 1g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	1	of injury .m. month .m.	DAY YEAR	21c. HOW INJ	URY OCCUR	RED (ENTER NATURE OF INJURY IN	I ITEM 18 PART I OR PART 2)
DING PHYS or offer this of se os the bur orlih and Me morked or I	MEDICAL	21d INJURY OCCURE	ILE	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE		21f LOCATION	V	CITY OR TOWN	COUNTY	STATE
TTENDIN pitol or TOR: Af- for use o of Heolth		22a.1 certify that (1) sow the decease obave, (1) (we) (c	(this hospite	ottended the	deceosed from	April 87_ _{,or}	d that in (my) (., 19 <mark>87</mark> our) opinion	, to April 17 death occurred on the date of	ond hour and from t	, that (I) (we) last he couses stated
AL OR A the hose AL DIRECTORDED IT If them		226. SIGNATURE	B- 1	gous.	al.		DEGREE AT	TENDING HYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	4/17	7/87
O HOSPITAL etoined by th TO FUNERAL should be deto with the Stote MAPORTANT: I		Babar Yo	11		0		22e ADDRESS 9000 F	rankli	n Square Dr.		21237
oto To Sho	23a l	BURIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CI	REMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		CREMAT	100	4/18	9/87	SECUR	ITY P	ROCES		BALTO	md.
DHMH - 16 60M 7/B4	24. FI	JNERAL DIRECTOR			ADDOLL				E REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGN	
(VRA 15, 4)	C	ONNELLY	1 101	NERAL	- HOME	OF D	UNDAL	KAPE	21 1987	w danderno	andra



STATE OF MARYLAND

1	1 -	FOR STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYG FICATE OF DEATH 🎘	SIENE		4	
1		CEASED NAME FIRST	MIDDLE		LAST	R.G. NO 20. DATE OF DEATH M	ONTH DAY Y	EAR	26 HOUR
	7	Marie	Μ.	Sc	chmidt	April 02,	1987		1-45 PM
	. SEX	· NOTE OF THE PROPERTY OF THE	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER	I YEAR	IF UNDER 24 HRS
L	4	female	white	709	1/03/03 YEAR	83	YRS.	DATS	HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTR' USA	Y? 8. MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY <u>OR</u> Baltimore		TH	MD.
1	-	Arbutus	11. NAME OF HOSPITAL, NURS (IF 1340 STEVENS	AVENU		12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V NOUSEWLEE	WORKING LIFE) 12b K	IND OF	BUSINESS OR
5	30. 5	AL RESIDENCE (IF NURSING HOME OR TAJE 131 COUN Ba	OTHER INSTITUTION, GIVE RESIDENCE BEFI Limore 136. CITY OR TO Arbu	ORE ADMISSION) WN LUS	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS /	zip code ens Aven	ue	2122
3	r. a	Ather's Name Aloyusius Spind	and last		Catherine			LAST	
2		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEG	CURITY NO.	17. INFORMANT	ADDRES	S		
-t	11.	no	t transfer to the total		James Schimd	t 8	050 Maywe	ood.	Ave.
1	CERTIFICATION	couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DIABETE 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQ (c) STATE CONDITIONS CONTRIBUTING TO SMELLITU 196. CONDITION FOR WHICE	D DEATH BUT	Thero Sche	rotie Hear	L Dise	ast	GS USED
	H					YES NO	IN CERTIFYING CA	AUSES C	NO [
1	70	2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	R 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
	MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	N COUM	414	STATE
		saw the deceased olive on abave, (1) (we) (did) (did no	tal) attended the deceased from 19. 19 view the body ofter death.		nd that in (my) (aur) apinion (, ta death occurred on the date	. 19 e and hour and fro		not (I) (we) lost auses stated
		228 PHYSICIAN'S NAME (TYPE O	Karan		DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA		DATE S	IGNED
1		Sambandam B	askaran, Jr.		3455 Will	kens Ave. 21	229		
	6	SPECIFY). Wial			emetery or crematory ational Cemete	. Р	ore City,		
		MBROSE FUNERAL	HOME 1328 SULPH	HUR SPI	RING RD. API	R 3 1987			RE indaes

DHMH - 16 60M 7/8 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shows any injury, or other tra TO FUNERAL DRECTOR, After this certificate has been signed by the an should be detacked for use on the build-transit perior. Then please rema-with the State Dept. of Health and Mental Hygiene prior to build, cremati-

ATTENDING PHYSICIAN, The

TO HOSPITAL OR ATTENDIN

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MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medica

DHMH - 16 60M 7/4 (VRA 15, 4)

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JIAIL	ULWA	RYLAND

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1	- STATE - REGISTRAR			DEPARTA		ICATE OF DEATH	REG. N	Q.		
	PE OR PRINT)	Margare		HRAUDNER	t	AST G	April 25.	1987) YE'S	12 · 26 P M
3. SE	emale	1	RACE WHite	17.	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
70. B	COUNTRY) Mary	land	nited merica		WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city o	R COUNTY OF		MD.
Ro	SSVILLE	21237	Frankl	in Square	Hosp	or other institution	12d. USUAL OCCUPATION OF COMMERCE OF WORK FOR MOST COMMERCE OF COM		126. KIND OI INDUSTRY 12Ver	F BUSINESS OR
130. Ma	aryland	13b. COUNT Balt	Y	131. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO 🛣	1755 Hilto	p Rd./2	1221	
15 P	Henry	Reidt ~	IDDLE	LAST		15. MOTHER'S MAIDEN NAM	aigman MIDDLE		LAS1	ī
	WAS DECEASED E (YES, NO OR UNKNOWN NO		NED FORCES? WAR OR DATES)	219-93-7		Frederick L.	Schraudner		ınd	Same
	PART I DEAT	EATH (Enter only H WAS CAUSED IMMEDIATE	BY	line for (67, 16), and	ell	Aut M.	verdel d	Search-	MYROKA	MATE INTERVAL ONSET AND DEATH
No	Conditions, if gave rise to couse (o), s underlying co	immediate tating the ause last.	(0_	R AS A CONSEQUE	NCE OF	Wo 12 P. NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 11c	2
CERTIFICATION	19a DATE OF OP	ERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYING YES	ERE FINDIN	OF DEATH?
		CAUSE OF DEAT	21b. TIME C HOUR A. P.	M. MONTH DA	YEAR	21c. HOW INJURY OCCURR		RY IN ITEM 18 PART I	I OR PART 2)	
MEDICAL	21d. INJURY OCC	DI WHILE TWORK	21e PLACE (AT HOME, STE	OF INJURY SEET FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	saw the dec	reased alive on_ re) (bid) (and nat)	view the bady	e deceased fram		DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 2.2.3 2.3.4	MEDICAL STAI	FF	22c. DATES	
23a.	BURIAL, CREMATION (SPECIFY)	ON, REMOVAL	HIS DATE -4/28/			EMETERY OR CREMATORY	23d LOCATION CITYOR TOWN Balt.in	nore, Md		STATE
24 7	ur onegio	730	Home	leads			REC'D. BY REGISTRAR	25b. REGISTRAR		andalls

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	STATE OF MARYLAND
R	DED ADTMENT OF HEALTH AND MEN

DEPARTMENT OF HEA CERTIFIC

ATE OF DEATH	REQ NO.2	0 /		
	20. DATE OF DEATH MONTH	DAY YEAR	2b HOL	JR
	April 30, 1987	7	4:1	8a .
BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	24 HRS
06° 1917	69 yrs.	MONTHS DAYS	HOURS	MIN,
NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH		
DIVORCED	Baltimore Cour	nty		ME

					0		REGINO	Sing to		
1. DECEASED NA	ME FIRS	T	MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	Anth	ony Georg	e SCHULER				April 30.	1987		4:18a
3. SEX		4. RACE			OF BIRTH		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HR
MALE		WHITE		0 9	06 1917		69	YRS.	MONTHS DAYS	HOURS MIN
Je-BIRTHPLACE	(STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRII	NEVER MARRIED		9 BALTIMORE CITY O	R COUNTY	OF DEATH	
MARYI		USA		WIDOW			Baltimore	Coun	ty	^
DOCCUT			H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	Z	120 USUAL OCCUPATION OF THE STE		176. KIND C INDUSTRY STEE	F BUSINESS C
ROSSVI		ME OR OTHER INSTITUTION		ARÉ	HOSPITAL		DEIL OLF	<u>ст.</u>	PILEE	ш.
MD	13b C	LTO	13c. CITY OR TOW ROSEDA	N	134 INSIDE CITY LIMI	IIS?	13 STREET ADDRESS / TODD	ZIP CODE	VE 2	1237
14 FATHER'S NA		WIDDLE	1467		15. MOTHER'S MAIDE	NAN				
JOSE		MIDDLE	SCHULER		MARY		BARBARA	A	KAH	
160 WAS DECEA		S. ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE			
NO	(11.11	n/a	2130318	23	CATHERINE	E S	CHULER 60	6 TOI	DDS LA	NE
	DEATH WAS CA	er anly ane cause per AUSED BY: DIATE CAUSE (a)			ory Arrest				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATI
	s, if any, whice to immediat	h ((b)	rasaconseoui Respirato		ilure					
underlying	a), stating the	DOL TO, O	ras a conseoue Myocardia		arction					
PART 2. O	THER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO I	DEATH BU	NOT RELATED TO THE	TERMI	nal disease or cone	DITION GIV	EN IN PART 11	0 '
190. DATE C	FOPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIF	, WERE FINDIN	NGS USED OF DEATH?

190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE		
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	VN COUNTY STATE
22a.1 certify that th (this hospital)	attended the deceased from ADY 11	24 1987	April 3	0

sow the deceased alive on APT 11 30 above, (H)(we) (did) (did not) view the bady after death. and that in (my) (our) opinion death accurred on the date and haur and from the causes stated DEGREE 22c. DATE SIGNED

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 04/30/87

Denise Coyle, M.D.

9000 Franklin Sq. Dr., 21237

230 BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION
(SPECIFY)			T CITY-OR TOWN
BIIRTAT.	E/11/97	CADDENIC OF TAXES	BATTO

BALTO 750. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Sinder Pandas

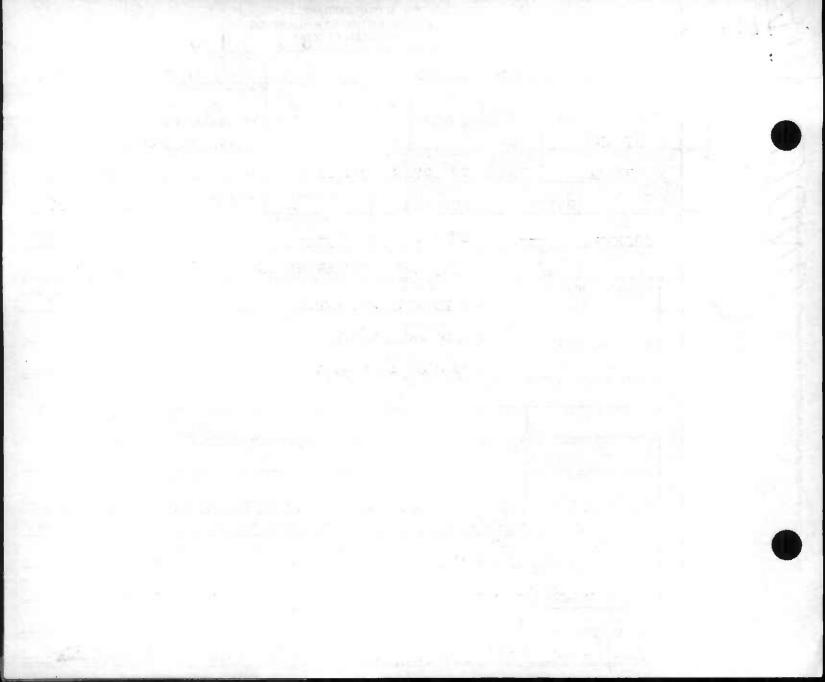
MD

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signer should be detached for use as the burial-transit permit. Then pl with the State Dept. of Health and Mental Hygiene prior to buri

IMPORTANT: If them 21 is marked or them

MEDICAL



by the funeral director, page 3 filed within 72 hours after death

and 2 and cample

injury, or other troumatic

TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, crematia

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR		DEPAI		EALTH AND MEN			0 . 4			
I. DECEASED NAME	FIRST	WIDDLE		AST	1	REGINAL 20. DATE OF DEATH	MONEM	- Uv	AR	2b HOUR
(TYPE OR PRINT)	Ashley	Glen	9	chultz			04	01	87	2:44n
3. SEX	4. RACE	aven	5. DATE C			6 AGE (IN YEARS LAST BIR	<u> </u>		ER I YEAR	IF UNDER 24 HRS
Male		casian	MONTH 4-2	0-1905	YEAR	0.7		MONTHS	DAYS	HOURS MIN.
TO BIRTHPLACE (STATE OR		OF WHAT COUNTS	2V2 8		-	81 9 BALTIMORE CITY C	R COUN		EATH	
COUNTRY)		USA	MARRIE	D WEVER MARK		Baltimore	_			
Tennessee		OF HOSPITAL, NUR	WIDOWE SING HOME (Testra#	ION .	120. USUAL OCCUPAT			. KIND C	OF BUSINESS OR
Towson	Great		nore Me	dical Cen	ter	Carpenter	F WORKING		oustry leyer	hoff
USUAL RESIDENCE (IF NURS 13a. STATE	IBL COUNTY	13c. CITY OR TO		1 13d. INSIDE CITY L	IMITS?	13e.STREET ADDRESS	ZIP CC	DE		
Maruland		Baltim	ore	27		5216 Gwynr	ı Oak	: Ave	2. 2	21207
14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MA	IDEN NA	ME			LAS	1
Llou	id Decat	or Schul	tz		da	E.		Web	b	_
16a WAS DECEASED EVER	IN U.S. ARMED FORCE		CURITY NO.	17. INFORMANT	Balti	more, ADDRI	SS MI	0 2	2121	5
No		223-09	-5721			1. Sweitzer	400	00 Pi	inkne	ey Rd.
18. CAUSE OF DEAT	H (Enter only one couse VAS CAUSED BY:	e per line for (o), (b),	and (c)	\					BETWEEN	MATE INTERVAL ONSET AND DEATH
PARTI. DEATH W	IMMEDIATE CAUSE (c		Mon	19					10	ay
	DUE TO	O, OR AS A CONSE	QUE/TCE DI	A	0.				1	10
Conditions, if ony		3 Small	lall	LUNG	Car	ncer			0	mouth
gove rise to impose (a), statis	ng the DUETO	D. OR AS A CONSE	QUENCE OF	0						
underlying couse	e lost.)								
	NIFICANT CONDITION	IS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION (GIVEN IN	PART 1	0
190 DATE OF OPERA	TION 19b. CC	ONDITION FOR WH	ICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	20b. IF	YES, WER	RE FINDI	NGS USED
ĬĬ.						YES NO	IN CER	YES	CAUSES	OF DEATH?
210. ACCIDENT WAS UN	the same of	ME OF INJURY	DAY VEAR	21c. HOW INJURY	OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM	B PART I O	R PART 2)	
	CAUSE OF DEATH	P.M.	DAY YEAR							
OR CONTRIBUTING [] OF EITHER NOTIFY MED 21d INJURY OCCUR	RED 21e PL	ACE OF INJURY		211. LOCATION		CITY OR TO	IMIN	CI	OUNTY	STATE
WHILE NOT WE AT WORK	HILE	AE, STREET, FACTORY, OFFI	CE, FARM, ETC)	SIRCEI		CITORIC			00,111	31716
	this hospital) attende	dethe deceased fro	m	centre	80	toAp	do	1198	7	that (I) (we) last
	ed olive on did) (did not view the b			nd that in (our	opinion (death occurred on the d	ate and h	bno ruor	from the	couses stoted
22b. SIGNATURE	Old fold hot view the E	oday offer deom.		DEOREE				2	2c. DATE	SIGNED
Char	les Xad	604	1/	ATTEN PHYS	NDING F	MEDICAL STA	FF		4-1	47
224 PHYSICIAN'S N	AME (TYPE OF PRINT)	XXX.		22e. AODRESS					11.	0 1
Charle	s radge	ett, mice	>.	5601 1	och	Raven B	val	2 RC	eltu	more
230. BURIAL, CREMATION,	REMOVAL 236 DAT	E 2	3c. NAME OF C	EMETERY OR CREA	AATORY	23d. LOCATION		cou	NIY	STATE
Burial		0,		m Cemeter		Woodlawn		iltim	ore	MD
24 FUNERAL DIRECTOR I	oring Byer	s Funeral	Direct	ors, Inc	250 DAI	E REC'D BY REGISTRAR	25b REG	ISTRAR'S	SIGNAT	URE
8728 Libert	y Rd. Ran	dallstown	, MD	21133	WILL	103 198/	Julie	Dan	der.	Radall

o cratifica I a phoen

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. filled in by the funeral director, page 3 and be filed within 72 hours after death [

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1	-	STATE
		PECISTRAP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

N	Ш	Ur	п	AL	. I II	ANU	MEHI	AL	nı	Ę
Ċ	E	RT	IFI	CI	ATE	OF	DEAT	H	7	

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ŧ.	RO NO	n	4.3
1	RIO. NO		1

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 2 8 1987 Julia Declaration

	NEO IO TITTU			0 /	RUN	Odia i		
	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YFAR	2b HOUR
1116	DORA		SI	ELENSKI	APRIL 22	2, 1987	1	6 P.
3. SE	X	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDI	FR TYEAR DAYS	IF UNDER 24 HRS
_E	FEMALE	WHITE	MONT	DEC. 24, 1899	87	YRS.	DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DE	ATH	
	MARYLAND	USA	WIDOW		BALTIN	ORE COUN'	TY	M
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME		120 USUAL OCCUPAT	ION 12b.	KINDQ	BUSINESS O
	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET JEWISH CONVALI		r CENTER	SALESLAI		RETA	TT.
	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)					
130.	MARYLAND 136 COUR	13c. CITY OR TOW BALTIM		YES NO	13e STREET ADDRESS 2906 W.STF		ΛVE	21 200
4 F	ATHER'S NAME	DAULLIN	JKE.	15. MOTHER'S MAIDEN NA		(ATTITIONES	A M.	21209
7	FIRST	MIDDLE LAST		FIRST	MIDDLE		LAST	()
J.	DAVID WAS DECEASED EVER IN U.S. AR	SELENSKI MED FORCES? 166. SOCIAL SECU	IDITY NO	HADASS A			UNKA	nown
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		11	RS. LORRAIN		8.013	21200
	NO	202-07-	955ZA	6231 BLACK	STONE AVE.	BALTO.,		21209
z	underlying couse lost. PART 2. OTHER SIGNIFICANT ((c)CONDITIONS CONTRIBUTING TO	DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN	PART No) 1
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER		
TIF			TI.	The same of the sa	YES NO	YES 🗌		NO 🗌
	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM TB PART I OF	RPART 2}	
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	A BAA ETC 1	211. LOCATION	CITY OR TO	OWN CC	YINU	STATE
2	WHILE NOT WHILE AT WORK	(AT HOME, SIKEET, FACTORY, OFFICE,	ARM, ETC.)	0 00	/			
	22a.1 certify that (I) (this hosp	tell attended the deceased from_		19/	2. to 4/2	. 19.8	1	that (I) 🛵) la
	sow the deceased alive on above, (1) (and did no	it) view the body ofter death.	37	Ad that in my) (our) opinion of	deoth occurred of the d	ote and hour and I	from the	couses stated
	22b. SIGNATUM		. 4	DEGREE		100	L DATE	SYGNED /
	then &	unship	M	ATTENDING PHYSICIAN (7	MEDICAL STA	FF CIAN []	4	2-3/7
	274 PHYSICIAN'S NAME NUM	M PROVIDE		22e. ADDRESS			11	71
	IAN SUNSHINE	E. M.D.		6210 PARK H	TS AVE	BALTO, M	D	
3a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF (CEMETERY OR CREMATORY	23d. LQCATION			
	(SPECIFY) BITETAL.			HOJITAT T	BAP TYMO	DRE COUR	AM YTH	RYLAND

INC. 21215

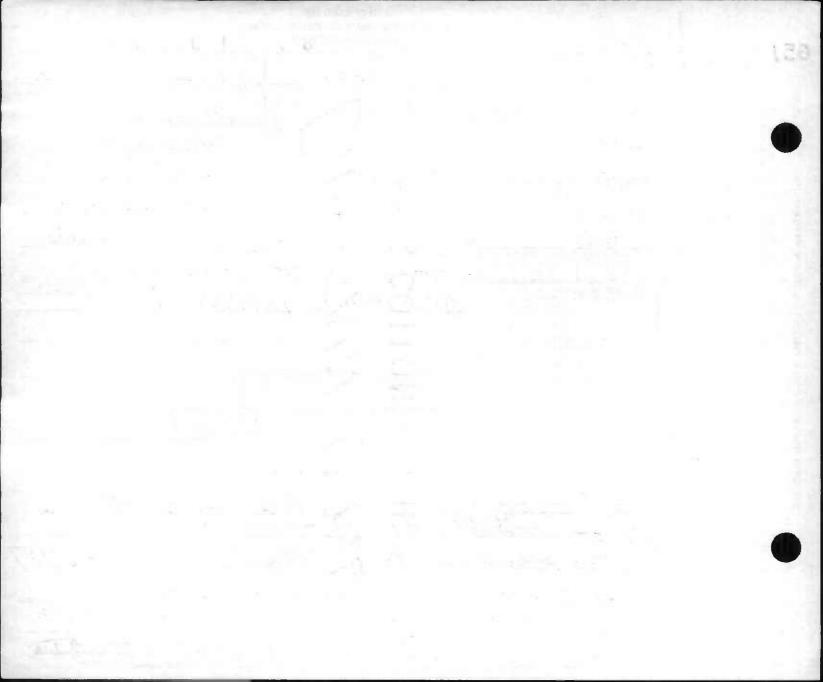
DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR SOL LEVI 6010 REISTERSTOWN RD.

LEVINSON & BROS., N RD. BALTO., MD

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and complete should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medico

(VRA 15, 4)



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				S	TATE OF MARYLAND			
	1.	FOR STATE			OF HEALTH AND MENTAL HY	GIENE	5 1 0	
APR.	0	REGISTRAR			RTIFICATE OF DEATH /	REG. N	06- 1 4	
1: 11		OR PRINT)	MIDE		E IIANIE	20. DATE OF DEATH	MONTH DAY YEAR	20.110011
			ncis	М.	SHAINE	4-6-8	1	10207A
	J SE	AA O	4. RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	EAR IF UNDER 24 HRS
	1	, locare	W	wh Se	pt. 23, 1914	72	YRS.	
2	ila. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH		RRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	4
0	IV	IARY LA N'D			OWED DIVORCED	COOK	174	M
20	0 C	TY OR TOWN OF DEATH		SPITAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION 12b. KINI DE WORKING LIFE) INDUST	D OF BUSINESS OR
	3/2	ALTIMORE	ST.	JUSEPH	HOSPITAL	Postal C1	erk Pos	
	惠山	AL RESIDENCE (IF NURSING HOME TATE 13b. COL	OR OTHER INSTITUTION GIV	E RESIDENCE BEFORE ADMISS	(13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	0 21234
	图	$nO \mid Bi$	ALTIM OLE	21234	YES NOTE	130, STREET ADDRESS.	ERDEEN K	2021334
571	14.96	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA			LAST
00			arion	Shane	Mary	Virgin	ia 01	liver
1		VAS DECEASED EVER IN U.S. A	THE WAR ORD LIFE	b. SOCIAL SECURITY N		ADDRE		
1		Yes W.V	V. II	216-01-561	O Edith L. Sl	nane1828 A	berdeen F	Rd. 2123
		18. CAUSE OF DEATH (Enter	only one cause per line	e far (a), (b), and (c).)	n.l.		A BETWE	PROXIMATE INTERVAL EEN ONSET AND DEATH
-		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)		Massive M	(Cardia)	interction	
4		3,0,00		S A CONSEQUENCE (OF.		7	
		Canditions, if ony, which	((b)	3 4 00113200211021				
		gave rise to immediate couse (a), stoting the)	S A CONSEQUENCE (05			
		underlying cause last.	((6)	3 A CONSCOUNCE (51			
		PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED JO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN PART	T Ira
	CERTIFICATION							
è ·	CAT	190 DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED
7	E					YES NO	YES	NO [
4	Ü	210. ACCIDENT WAS UNDERLYING	21b. TIME OF I	NJURY MONTH DAY Y	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)
1	¥	OR CONTRIBUTING CAUSE OF D	CAIN .	MONTH DAT T	19			
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF		21f LOCATION	CITY OR TO	OWN COUNTY	STATE
2	Σ	WHILE NOT WHILE AT WORK	TAT HOME, STREET,	, FACTORY, OFFICE, FARM, ET	C) SINCE!			37776
		220.1 certify that (I) (this has	pital) attended the d	leceased from	, 19	, to		, that (I) (we) los
5 7		sow the deceosed olive of above, (1) (we) (did) (did)	on	19	and that in (my) (aur) apinion	death accurred an the de	ote and hour and from	the couses stated
te H		22b. SIGNATURE	I c PI	1	DEGREE		22c. D/	ATE SIGNED
-		Law	SMA	len	ATTENDING PHYSICIAN	MEDICAL STA		-6-87
	1	224. PHYSICIAN'S NAME (TYPE	E OR PRINT)	1	22e. ADDRESS			
/		EL-He	nnaw	5 / Add	67	2 1 H		
T AND T	23n F	BURIAL, CREMATION, REMOVA	AL 236 DATE	23¢ NAME	OF CEMETERY OR CREMATORY	23d LOCATION		
		JRIAL			WOOD CEMETER	CITY OR TOWN	RE COUNTY	STATE MTD
		JNERAL DIRECTOR	WLITT 3	OTEARN	25 DA	LE REC'D BY REGISTRAR	25b. REGISTRAP'S SIGN	Y, MD
7/84	NAJ T	LITAM E. JOH	INSON8521	LOCH RA	VEN BLVD. API	7 1987	aira Devideon.	Randall

JOHNSON8521 LÔCH RAVEN BLVD.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
WILLIAM E.

BP_

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH	1
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	STATE REGISTRAR				CERTIF	ICATE O	DEATH 7		1 0.	NO.	1		
	ASED NAME	FIRST M	ARILYN	AIDDLE		AST	0		TE OF DEATH	MONTH	DAY	YEAR	26 HOUR
						SHAPIR	U		PRIL 8,	_			5 A.
3. SEX	EMALE		4. RACE CAU	CASIAN	5. DATE C MONTH			6 AGE	38	YRS.	MONTHS	DAYS	IF UNDER 24 HRS
	THPLACE (STATE OR F	OREIGN	L CITIZEN OF	WHAT COUNTRY?	8.		W.	Y 9. BAL	TIMORE CITY	OR COUNT	Y OF DE	ATH	
	MARYLAND		USA		WIDOWE		R MARRIED A		BALTI				M
Fig.	ORTOWN OF DEA	TH	11. NAME OF H	OSPITAL, NURSIN	G HOME C				UAL OCCUPAT	ION	12b.	KIND O	F BUSINESS O
В	ALTIMORE		15 WARR	H FACILITY, GIVE STREET / EN PARK D	R. AF	T. A2	(21208)		PURCHAS			USTRY	GOVT.
USUAL 130. ST.	RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDI	CITY LIMITS?	13e.STF	REET ADDRESS WARREN	/ ZIP COI	DE .	(21208)
14 FAT	HER'S NAME		NODLE	LAST		15. MOTHE	R'S MAIDEN NA						
	MORRIS	^	NODIE	SHAPIR	.0		SADIE		MIDDLE			SC	HWARTZ
	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFOR	MANT	MRS.	GERRY	SCHER	R		
(16:	NO OR UNKNOWN)	(# YES, GIVE	WAR OR DATES!	213-52-	4622	8800	SIGRID	RD.	RANDA	LLSTO	WN,	MD	21133
RTIFICATION	Canditions, if any, gave rise to imm cause Iai, statin underlying cause	which nediate g the last.	DUE TO, OF (b) DUE TO, OF (c) DUE TO, OF 1c) ONDITIONS CC	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D TION FOR WHICH	NCE OF	N WAS PER	FORMED	20a YES	AUTOPSY?	20b. IF Y	IVEN IN P ES, WERE IFYING C (ES	PART Ito	GS USED OF DEATH?
MEDICAL	Pla, ACCIDENT WAS UND OR CONTRIBUTING CONTRI	AUSE OF DEAL AL EXAMINER) RED ILF (this haspited alive apple)	21e. PLACE (AT HOME. STR	M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FA	19 ARM, ETC.)	21f. LOCA	19.85 Ny) (aur) apinian ATTENDING PHYSICIAN [death or	curred an the c	OWN date and ho	cou , 19 8 aur and fr	UNIY	
73a BII	RIAL, CREMATION,	PEMOVAL	TIA DATE	724 N	IAME OF C	EMETERY	R CREMATORY	224	LOCATION				
(SP	BURIAL	VEWOAME	4/9/8				OX MEMOI		SOCIET	Y-BAL	COUNT		STATE
24 FUN 601	VERAL DIRECTOR NAME O REISTER	SOL STOWN	LEVINSON RD. BAI				250 AF	RECT		R 25b. REGIS	TRAR'S S	GNATU	

DHMH - 16 60M 7/84 (VRA 15, 4)

hould be detach MPORTANT, # 18

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VR A 15 (4))

STATE OF MARYLAND

PRINTER OFFICE AND ADDRESS OF THE PRINTER OF THE PR

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filled in by the funeral director, page 3 oold be filed within 72 hours after death

STATE			

1 - STATE REGISTRAR	DEP		CATE OF DEATHS	GIENE	EG. NO	2 3	
1. DECEASED NAME FIRST	MIDDLE	U	AST	20. DATE OF	DEATH MONTH	DAY YEAR	2b HOUR
W.	BRUCE	SHOEM	IAKER	APRI	L 30,	1987	12:30AM
3. SEX	4 RACE	5. DATE O		6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DAY	
Male	White	Nov.	24°, 19°1°1	75	Y	RS.	S MOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	ITRY? 8.	NEVER MARRIED	9 BALTIMO	E CITY OR COL	JNTY OF DEATH	
Pennsylvania	U.S.A.	WIDOWE		Ba1	timore	County	, MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	URSING HOME O	R OTHER INSTITUTION		CCUPATION	ING LIFE) INDUSTR	OF BUSINESS OR
Towson	St. Josep	h Hospi	tal E.R.	Mach	inist	Man	ufacturi
USUAL RESIDENCE (16 NURSING HOME 130 STATE 136 CC Maryland Ba	OUNTY 13c. CITY OR		138. INSIDE CITY LIMITS?	13e STREET A	DDRESS / ZIP (Glen R	cope lidge Ro	1. 21234
14. FATHER'S NAME			15. MOTHER'S MAIDEN N	_			
Arthur	Shoem		Amelia		MIDDLE	ornberd	jer
160 WAS DECEASED EVER IN U.S.		SECURITY NO.	17. INFORMANT		ADDRESS	21	234
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 212-0	9-8078	Betsy J.C.	Shoem	naker B	altimor	e, MD
	DUE TO, OR AS A CONS (c) IT CONDITIONS CONTRIBUTING		NOT RELATED TO THE TER.	MINAL DISEASE	OR CONDITION	N GIVEN IN PART	110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	20a AUTO		IF YES, WERE FINE ERTIFYING CAUSI YES [7]	DINGS USED ES OF DEATH? NO
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCU			-)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OI	OFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
sow the deceased alive	on		d that in (my) (aur) apiniar	, to n death occurred	d on the date and		_, that (I) (we) last he causes stated
22b. SIGNATURE ACCURATION 22d. PHYSICIAN'S NAME ITY	C. Kowale	mali	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN		30 87
	· Kowalewski,	M.D.	8604 Harf	ord Ro	i. 66	8-7030	
230. BURIAL, CREMATION, REMOV BURIAL			EMETERY OR CREMATORY ND MEM. PAF	CITY	TION LTIMORE	CO., N	MD STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

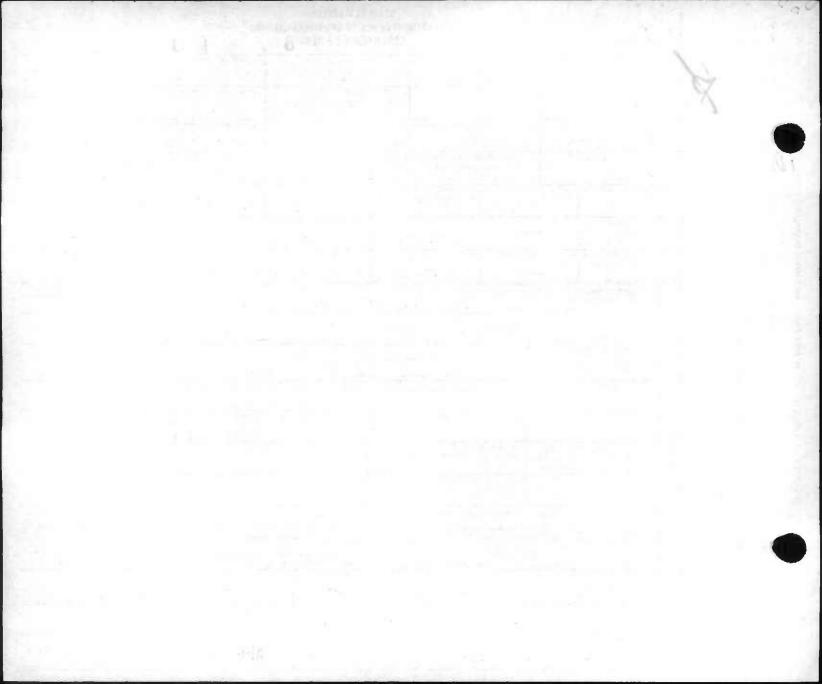
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IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please yet with the State Dept. of Health and Mental Hygiene prior to burial, creating

24. FUNERAL DIRECTOR
WILLIAM] JOHNSON 8521 LOCH RAVEN BLVD. Ε.

250. DATE REC'D. BY REGISTRAR'S SIGNATURE APR 30 1987 Julia Deviden Render



STATE OF MARYLAN	D
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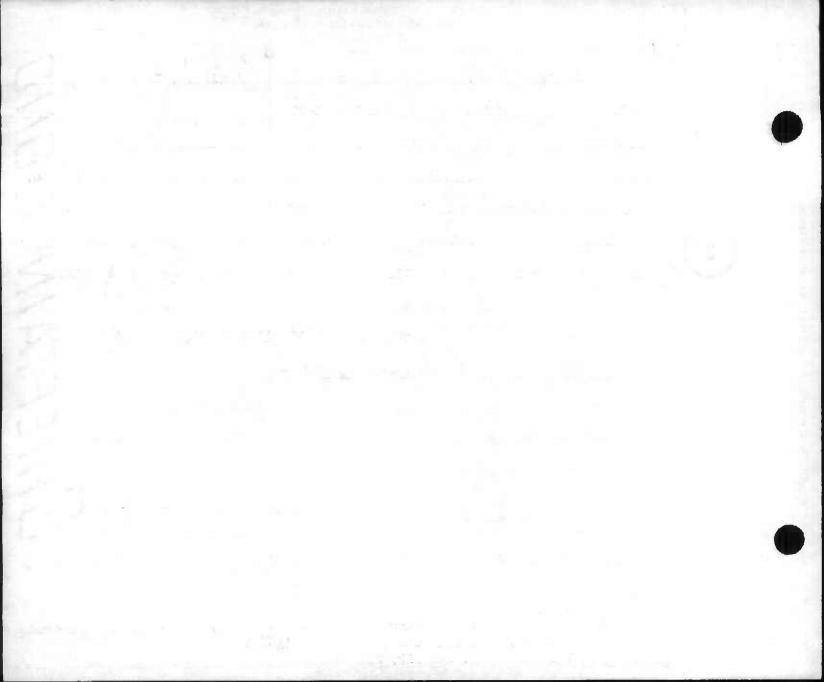
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

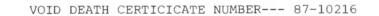
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				/

3	1	1-	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG NO	0214				
O Mellin	10		CEASED NAME FIRST	WIDDLE	l	AST	20 DATE OF DEATH	and a	2) HOUR P			
	19	01	John Sifel				April		3:30 M			
4 mo	2	3. SE)		. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YE MONTHS DA				
oge 4 irector.		-	Male	Cauc.	4/	8/21 YEAR	66	YRS.				
th. P	11	Fa. BI	OUNTRY)	b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY OF					
dot thin	4	M CI	Czech.	USA 1. NAME OF HOSPITAL NURSIN	WIDOWE		Baltim	ore Count	MD. O OF BUSINESS OR			
by the filed with	0	1	Balto.	3694 Gallowa	DDRESS) RO		III USUALOCCUPATIO	LOT COT	nt. Can			
filled in	34	13a. S	AL RESIDENCE (IF NURSING HOME OR O TATE 136 COUNT Md. Ba		N	13d. INSIDE CITY LIMITS? YES NOX	13e.STREET ADDRESS / 3694 Gal	ZIP CODE loway Rd.	. 21220			
mpletely and 2 st	Bi	14 FA	THER'S NAME Jan Sifel	IDDLE LAST		15. MOTHER'S MAIDEN NAME Anna Mace	MIDDLE		LAST			
od co	11		VAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRES	SS				
S. Pag			Yes WW		1668	Irene Sif	el, wife,	same add	iress			
physicic mooper movol.			18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	cer 16	BETWEEN ONSET AND DEATH 16 WOUTERS							
deoth ce			PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Metastatic Small Cell lung Cancer 16 wordlys Due to, or as a consequence of									
of the de	1		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF							
signed Then plet to buriet		NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	10			
hos been promit.	7	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES				
ICIAN: TI g physici ertificate ial-transit antal Hygi	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM TE PART I OR PART	n			
offending ter this of sthe burners of the burners o		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CATY OR TOV	VN COUNTY	STATE			
OR ATTENDING or bigging of the political or both of health of health of the political or begins of the political or begins or	2		220.1 certify that (I) (this hospital sum of eccessed alive on above (I) we) (did) (did not)	A 44. 1 2	-	od that in (my) (our) opinion of	to April death occurred on the do	q 19.87 te and hour and from t	the causes stated			
Al th			226. SIGNAJOJE	yakit	щ		MEDICAL STAF	F _ 1/	TE SIGNED			
FUNERAL WIG Be derent wild be derent by the Stote			22d. PHYSICIAN'S NAME (TYPE OR	//		22e ADDRESS						
etoined by to FUNERAL should be dewith the Store	1			les Padgett		^	Samaritan	Hospital				
BP			URIAL, CREMATION, REMOVAL SPECIFY) Burial			EMETERY OR CREMATORY an National	23d LOCATION CITY OR TOWN Balto.	Md.	STATE			
DHMH - 16 60M 7	/84	24. FL	NESCHISHUNEK FU			250. DAT	E REC'D. BY REGISTRAR		IATURE			
(VRA 15, 4)				Lane, Balto.		21213 API	R 141987	- white	Randale			

road good out had been seen sign AFR 1.9 feet

					STAT	E OF MARYL	AND				
1	FOR - STATE			DEPARTA		EALTH AND	MENTAL HYG	IENE	112	سر ر	1
1 1	REGISTRAR ECEASED NAME	FIRST	_	MIDDLE		AST.		REG.	NO 1 62	-/ 3	In (10) 10
	PE OR PRINT)	riksi			· ·				In	JAT TEAR	26 HOUR
		harles		W.		ipper				37.	de:
3 SI	X	4. RA	ACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST		MONTHS DAYS	
	Male		Wh:		Ap:	ril 9,	1897	90	YRS		
(0.	LATHPLACE (STATE OF FO	DREIGN 76 C	ITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Maryland		US		WIDOWE		NORCED [Baltim	ore Cou		M
10. 0	CITY OR TOWN OF DEAT			HOSPITAL, NURSIN		R OTHER INS	STITUTION	120 USUAL OCCUPA			OF BUSINESS OF
1	Dundalk			55 Avalo		nue		Landsca			Cone Co
130.	STATE	OF HOME OF OTHE	RINSTITUTION	GIVE RESIDENCE BEFORE		H3d INSIDE	CITY LIMITS?	13e STREET ADDRES	S / ZIP CODE		
	Maryland	Balti	imore	Dundal		YES 🗌	NOXX	55 Aval			21222
14. F	ATHER'S NAME	MIDDL	6	LAST		15. MOTHER	'S MAIDEN NA	ME			
1	Stephen	MIDDE		Skipper		S	usan	MIDDLE			nham
	WAS DECEASED EVER I			166 SOCIAL SECU	RITY NO.	17 INFORM		ADD	RESS	- DGII	man
3	Yes, NO OR UNKNOWN)	(IF YES, GIVE WAR		215-05-0	6713	Fa	na Phoel	hug 55 7m	alon Av	70niio	21222
	18 CAUSE OF DEATH					A EU.	na Filoe.	DUS 33 AV	alon Av		OXIMATÉ INTÉRVAL N ONSET AND DEATH
	PART I. DEATH WA	AS CAUSED BY		Minne	Lil	Tim	6	4		BETWEEN	N ONSET AND DEATH
		MMEDIATE CA	AUSE (a)	1119000	CN 6/1	27	SIFIC	con			
	C Pri		DUE TO, O	RAGACONSEQUE	- 1	and:	01/	Nicore 0		Mar	4
	Conditions, if any, gave rise to imme	ediote	(p)	pr terio		LOALL		77 17 CA2 -C		10000	of years
	couse (a), stating underlying cause	the last.	DUE TO, O	R AS A CONSEQUE	NCE OF	. 1				m	. U.
	DADY O CYLIED CICAL		(c)	FERN		SIM	emic			11114	n 1845
Z	PART 2 OTHER SIGN	IFICANI CONI	DITIONS CO	DAIKIBUTING TO L	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	NDITION GIVI	EN IN PART 1	(a
CERTIFICATION	190 DATE OF OPERATI	ON I	19h COND	ITION FOR WHICH	OPERATIO	N WAS DERE	ORMED	20a AUTOPSY?	120h IE VES	, WERE FIND	INICS LISED
F					0, 2,	*******	OMMED		IN CERTIF	YING CAUSE	S OF DEATH?
ERT	210. ACCIDENT WAS UNDE	PIVING []	21b. TIME C	E IN ILIPY		21. HOW II	NILIBY OCCUP	YES NO	YES		но 🗆
	OR CONTRIBUTING CA	-		M. MONTH DA	YE AR	ZIC IIOW II	NOOK! OCCOR!	LENIER NATURE OF IN	JURY IN ITEM IR IN	ART I OR PART 2)	
2	(IF EITHER NOTIFY MEDICA			M.	19	211 1 2 2 1 7	1011				
MEDICAL	21d INJURY OCCURRE		21e PLACE	OF INJURY REET, FACTORY OFFICE FA	ARM ETC)	21f LOCAT	ION	CITY OR	IOWN	COUNTY	STATE
	AT WORK						-		-	6	
	22a I certify that (I) (attended th	e deceased from_	9	-7	19_8_6		28	195	, that (I) (we) la
		d alive on (dia nat) vie	w the bady	after death.	, ar	d that in (my) (aux) apınian	death accurred on the	date and hour	and from the	e causes stated
	22b. SICHOTURE	1	1.00		mi	PEGREE				22c. DA	ESIGNED
	Marry	191 -	Hell	7	177		PHYSICIAN 5	MEDICAL ST	AFF ICIAN [14/2	19/8/
	SEPRISICIAN'S NA	ME THE DI FRIT	its and	1		22e ADDRE	- M 3	the POINT	Rd		
	Larry 6	6.)	11/4	24		10,20	1 di ARDI	to more	md 21	22/	
23a.	BURIAL, CREMATION, R	EMOVAL 23	b DATE	23c N	IAME OF C	EMETERY OR	CREMATORY	23d LOCATION			
	(SPECIFY) Burial		5-1-					ch Cemeter	7 /Bal+	imoro	Marks 2
24 F	UNERAL DIRECTOR	Duda-F		uneral Ho	me of	Dund	250. RAT	RECTO BY RESTOR	R 256-REGIST	RAR'S SIGNA	ATURE
	NAME			ve. Dunda				MI 1	0		
		· JUL V	TOC F	ve. Dund	T VALL	11 61	444				







26		1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE	REG 6 0. 3	17	
) 5 1 g i	decab			FIRST FLEX		MIDDLE	S. DATE C	5M TH JR		104	2587	1150 AN
age 4 m	urs offer.		11		B		MONTH		90	RS LAST BIRTHDAY) YRS.	MONTHS DAYS	HOURS MIN.
	nerol di		RTHPLACE (STATE O	IR FOREIGN	76. CITIZEN OF	WHAT COUNTE	MARRIE	D NEVER MARRIED DIVORCED	10	-timor		atu mo
201	Confee A		TY OR TOWN OF D		139 IN SUC	HOA C	O & G	en. Hosp.	12a USUAL O		12b. KIND OF	BUSINESSOR
LAND 21	ould be	13a. S	AL RESIDENCE (IF NU LITATE) THER'S NAME	136 COUN	atto	13c. CITY OR TO		136. INSIDE CITY LIMITS? YES NO 115. MOTHER'S MAIDEN NA	136	Wesle	Ave	2#828
MAR.			ALEXAN	der	MIDDLE	SMI	th	MARY		WIDDLE	Smit	th
IIMORE	Pages		VAS DECEASED EVE (ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	214-C	3-7161A	IsAbelle.	Bosey	3908 N	Voyes C	1.201 211cle
the the	ted by the attending physicia please remave corban papers. Intol, cremation, or remaved to a or other traumatic event, the	P	Conditions, if on gove rise to in couse (0), stol underlying cou	IMMEDIAT y, which nmediate ling the se lost.	D BY: E CAUSE (o) DUE TO, O (b) DUE TO, O (c)	P AS A CONSEC WAY R ASAA CONSEC	QUENCE OF AGGLE QUENCE OF	sa Aspi	rely rahian	Pneno	name	MATE INTERVAL INSET AND DEATH
RECORDS, 1	been sign mit. Then ornar ta bu any injury	MEDICAL CERTIFICATION	190. DATE OF OPER	401-	IION	0	Dep	NOT RELATED TO THE TERM	200 AUTOP	SY2 20b. IF YE	S, WERE FINDING	GS USED OF DEATH?
SION OF VITAL PHYSICIAN: The	certificate priol-transit ental Hygis frem 18 sh		210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEA	P.	M. MONTH M.	DAY YEAR	21c HOW INJURY OCCUR		40	ES PART OR PART 2)	NO 🗍
00	After the of the	MED	21d. INJURY OCCU WHILE NOT' AT WORK AT W 22a.1 certify that (WHILE	al) ottended th	REET, FACTORY, OFFI		21f LOCATION STREET		CITY ON TOWN	COUNTY . 19_87	STATE hot in (we) lost
O HOSPITAL OR ATTER	UNERAL DIRECTO d be detached for the State Dept. of In RTANT: If the MEAN		sow the deced obove, (1) (we) 22b. SIGNATURE 22d. PHYSICIAN S.N	(did) (did not	Thylew the body	after death.		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL DIRECTOR	STAFF (22c. DATES	
Teto	shoul with	23a E	URIAL, CREMATION	I, REMOVAL	23b. DATE	107 2	3c NAME OF C	EMETERY OR CREMATORY	23d LOCAT	ION RTOWN	o cohnik	STATE
)6 60M 7/84 (A 15, 4)	-	INERAL DIRECTOR	iller	Fune	ADDRES	1639 eRvice	Broadury 250 DA	PR281	981 Julia	Salte TRARESCONATI Dendura	MD

, s and the state of t ACLE TO BE A SECRETARY

1 5 10	1 -	STATE REGISTRAR	DEPAI	CERTIF	ICATE OF DEATH 8	REG. NO.	8
	(PYPE	EASED NAME FIRST OR PRINT) FLORENCE	B.	5	MITH	26. DATE OF DEATH CONTH	26. HOUR 3:30 A M
3	SEX	Female	Caucasian	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
3%	C	OUNTRY) MD.	76. CITIZEN OF WHAT COUNTR	WIDOWE	71-1	BALTIMORE CITY OR COUNTY	OF DEATH MD.
N L	7	OWSON	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR ST. JOSEP I	EET ADDRESS)	HOSP.	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Homemaker	126 KIND OF BUSINESS OR INDUSTRY
5	13a. S			NWC	YES NO X	13e.STREET ADDRESS / ZIP CODE 520 Castle Dr.	21212
10			J. Quick			annie McDonald	LAST
e medico.		AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (1F YES, GIVE NO —	war or dates) 2/3-74	4-3150	Gen. Albert	ADDRESS 8070. H. Smith, Jr. Tuc	N.CASAS CAMEC son, Ariz 8574
or to burial, cremation, ar re y injury, ar ather traumatic e	TION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT COR CAPALE	BRAIN SY				
Share prior	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO		YES NO NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 P)	ART 1 OR PART 2)
arked a	MEI	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E, FARM ETC }	STREET	CITY OR TOWN	COUNTY STATE
If them 21 is m		22a.1 certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	4/18 19	\$7.00	DEGREE ATTENDING	death accurred on the date and hour	ond from the couses stated
With the State		27d PHYSICIAN'S NAME (TYPE OR ZAWOD)	NY		22e ADDRESS 5 T JO	DIRECTOR PHYSICIAN SERA 45 405	P.
2	73a. B	urial, cremation, removal Pecify) Burial	23b. DATE 4/21/87		emetery or crematory y Valley	Timonium, Mo	COUNTY STATE
OM 7/84		NERAL DIRECTOR NAME TCHELL-WIEDEFE	LD HOME, INC.	6500	York Rd. 250 DAT	E REC'D. BY REGISTRAN 256. REGISTR	PAR'S SIGNATURE

STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4)

tor. poge 3

1.	FOR - STATE REGISTRAR			DEPARTM	NENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYGI	ENE	102 REG. NO.	219		
	CEASED NAME	FIRST ITLLAR		M		MTTH		26. DATE OF D	04 04	11	B7	8:00P _M
3. SE	MALE	4.	CAUC	•	5. DATE C		2ª6	6 AGE (IN YEAR		MONTHS		IF UNDER 24 HRS HOURS MIN.
	IRTHPLACE (STATE ORFO COUNTRY) Md	OREIGN 71	CITIZEN OF V	VHAT COUNTRY?	MARRIEI WIDOWE	D NEVER M	ARRIED	BALTIN	CITY OR CO		EATH	MD.
10. C	TOWSON	TH I		701 N . CI			ITUTION	12a. USUAL OC (TYPE OF WORK FO				BUSINESS OR tilities
136.	Md	US COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Westmin	N . 1	13d. INSIDE CI	TY LIMITS?	13e.STREET AD		code	Rd	21157
J.E.	ATHER'S NAME FIRST	MI	DOLE	Smith		15. MOTHER'S	MAIDEN NAM	V.	MIDDLE		Mai	rtin
	VAS DECEASED EVER I YES, NO OR UNKNOWN) Yes		FORCES?	21 7 - 20 -		17. INFORMAT		Smith	ADDRESS 2	134	2	
	18 CAUSE OF DEATH PART I. DEATH W. Canditions, if any, gove rise to imm cause (a), stating underlying cause	which ediote	DUE TO, OF	AS A CONSEQUE	erent 1			O LUNGS	S AND E	BRAIN -	APPROXIM BETWEEN ON	ATE INTERVAL ISET AND DEATH
CERTIFICATION	PART 2. OTHER SIGN 19a DATE OF OPERAT		ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI					200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO				
MEDICAL CERT	21g. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE ON ON WHILE AT WORK AT WOR	AUSE OF DEATH AL EXAMINER) ED	P.A 21e. PLACE C	A. MONTH DA	19 ARM, ETC)	21f. LOCATIO STREET		ED (ENTER NATUR	STATE			
	220.1 certify that (1) saw the decease abave, (1) (we) (d 22b. SIGNATUR	(this haspita	04/11	19		d that in (my)	aur) apinion d	eath occurred o	on the date on	2	, †h	

MEDICAL 21e. PLAC 21d INJURY OCCURRED (AT HOME NOT WHILE 220.1 certify that (1) (this haspital) attended saw the deceased alive on U4/1 abave, (1) (we) (dt) (did nat) view the bod 226. SIGNATUR PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS R.BREITENECKER, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 4/12/87 cremation

24 FUNERAL DIRECTOR

Carroll Cremation

Hampstead con Carrolling d

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE APR 2 0 1987 Julia Devider Randon

10.00

0630

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Andreas - Special and Control of the
AL LEGIS IN THE STATE OF THE ST

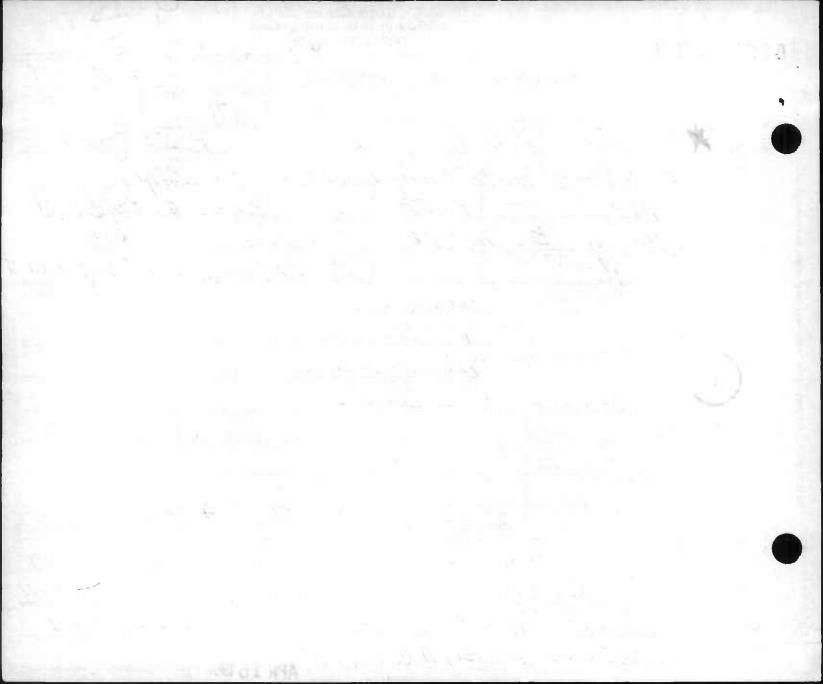
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND M GIENE

(IMFMI	10	HEAL	LIN	ANU	WENT	AL HT
	CE	RTI	FIC	ATE	OF	DEAT	H/

5 APR 2	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	DENE Q. N.2	2 0
4 4166	1 DF	EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MOR	NTH DAY YEAR 25 HOUR
page 3		OP PRINTS	IS TINE C	SOARES		-12-87 715PM
0 0	3 SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	
ctor.		-	B - 1	MONTH DAY YEAR	7/	MONTHS DAYS HOURS MIN.
direction of the second	Zo BI	RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OE WHAT COUNTRY?		9 BALTIMORE CITY OR C	OUNTY OF DEATH
nerol Paris		OUNTRY)	U.S. A	MARRIED NEVER MARRIED WIDOWED DIVORCED	Ba	to County MD.
2 2	H0. C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12h KIND OF BUSINESS OR
à	B	W. Zo County	Balta Con	who senose Hosp.	Hoyals	A PARTIE OF THE
filled in	13a. S	TATE HIS COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		130 STREET ADDRESS / ZI	g chot Ballo H
2 sh	14. FA	THER'S NAME	2 5	15. MOTHER'S MAIDEN NA		1-11
and and		Henry Z	5. mell	e Piele	lie MIDDLE U	Talking
Pages:		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SEC	URITY NO. 17 MOFORMANT	Doaren 2	435 8 - Buddle
person pe		18 CAUSE OF DEATH Enter or	nly one cause per line for (a), (b), a	nd (cu)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy npa mev		PART I. DEATH WAS CAUSE	TE CAUSE (a) CARMA	C ARREST		
ding arba arre		West Constitution of the C	DUE TO, OR AS A CONSEQU			
1 0 to 1		Conditions, if any, which		ARDIAL INFARC	TION.	
o de		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU			
100 10		underlying cause last.	AR DIC	ORESPIRATORY.	APPEST.	
1000		PART 2. OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TERM		ON GIVEN IN PART 1(n)
New	NO	to f	MELLITUS	SEPSIS -		
Drio prio	CERTIFICATION	19a. DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
ne per	윤				YES TO NOM	YES NO NO
She sit	EN T	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21c HOW INJURY OCCUR		
HTO H		OR CONTRIBUTING CAUSE OF DEA			KED (ENIER NATURE OF INJURY IN	TIEM 18 PART I ORPART 2)
riol.	N N	(IF EITHER NOTIFY MEDICAL EXAMINER		19		
S W	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	ZII. LOCATION	CITY OR TOWN	COUNTY STATE
s the	E	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE.	FARM ETC.)		
Aft olth			tal) attended the deceased from.	3-3 10 87	10 4-12	2 - 19 877, that (I) (we) last
H S		saw the deceased plive an	1. 10	87 and that in (my) (aur) appropri	death accurred as the date	and have and from the causes stated
d ford d form a 2 m 2		abave, (I) (we) (did) (did no	t) view the body after death.		deani occorred on the date	
He He		22b. SIGNATURE	()	DEGREE		22c. DATE SIGNED
_ + a		1	luy of /1/5	M.D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	W 4-12-87
VERAL State		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS		
should be owith the Sto		R.	DEPESTRE	BALTIMORE	E COUNTY GE	WERAL HOSPITAL
<u></u>		URIAL, CREMATION, REMOVAL	23b. DAJE 1/37 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	Tologin CM Stie
	24 FI	INERAL DIRECTOR	17/10/1	I WI WY	TE REC'D. BY REGISTRAR 25h	REGISTRAR'S SIGNATURE
- 16 60M 7/84	4	NAME 24	11/4 / 12 n ADDRES	0.110		731 6736

DHMH - 16 60M 7/84 (VRA 15, 4)



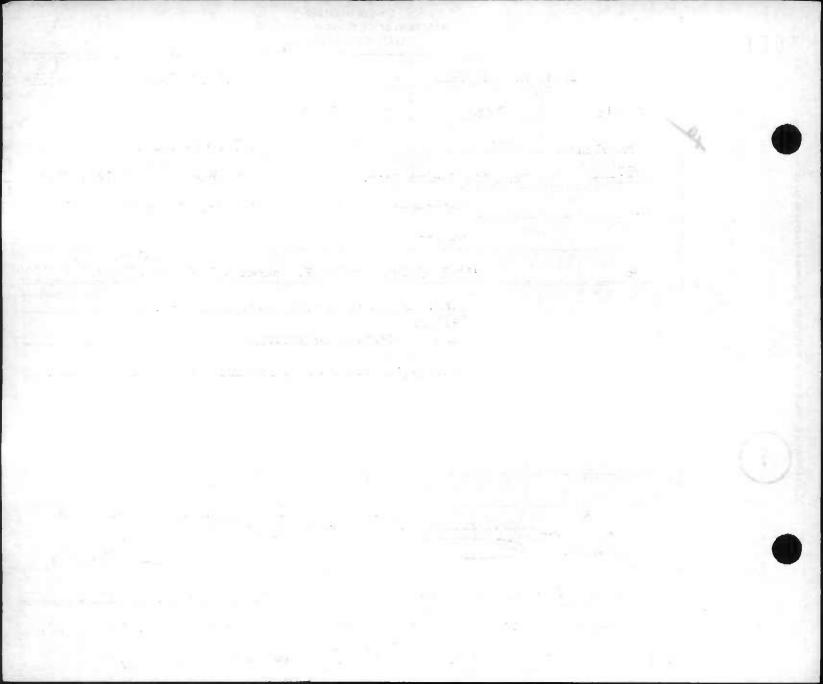
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

R -1		CEASED NAME OR PRINT)	FIRST	MIDDLE	lA:	ST		20. DATE OF	DEATH M	ONTH DA	Y YEAR	2b. HOU
	2 (5)		VATHANTEL			NCER		APRIL	2,	1987	2 .	12:
	3. SE)		4 RACE		5. DATE OF MONTH	DAY	YEAR	6. AGE INYE	ARS LAST BIRTHE		UNDER I YEAR	IF UND R
2		MALE	BLACK		JULY	13,	1913		73	YRS.		1
2/1	(RTHPLACE (STATE OR FO		F WHAT COUNTRY?	MARRIED	☐ NEVER M	ARRIED -	9. BALTIMOR	E CITY OR	COUNTYO	FDEATH	
		RTH CAROLIN			WIDOWED		ORCED	BALTI				
23	,	FORT HOWARI	D VA M	F HOSPITAL, NURSING BUCH FACILITY, GIVE STREET A EDICAL CEN	TER	OTHER INST	ITUTION	12a. USUAL C (TYPE OF WORK			12b. KIND O INDUSTRY	OF BUSINE
10	13a. S	AL RESIDENCE (IF MURSIN TATE MARYLAND	NG HOME OR OTHER INSTITUTION 131. COUNTY	BALTIMOR	N	13d. INSIDE CI YES 💢	TY LIMITS?	13e.STREET A			, APT.	12/ 2B
270	4. FA	THER'S NAME	WIDDE	LAST			MAIDEN NAA	ΛĒ	MIDDLE		LAS	
3/1	1	TROY		HARISTON		BERTH			WIDDLE		SPENCE	
dico		AS DECEASED EVER II	N U.S. ARMED FORCES' (IF YES, GIVE WAR OR DATES)	? 16b. SOCIAL SECUI	RITY NO.	17 INFORMAN	INE 7	WILL	I AMESS	909	Penna	a.,
E		YES	WWII	216 09 5	024	CLINIC	AL REC	ORDS, 1	JAMC,	FORT :	HOWARD	, MD
, th			l (Enter anly ane cause p	er line for (a), (b), and	l (cs.)						APPROXI	MATE INTER
even		PART I. DEATH WA	AS CAUSED BY: IMMEDIATE CAUSE (a)_	CANCER OF	F PROS	TATE W	ITH MET	CASTASI	S			
atic		DUE TO, OR AS A CONSEQUENCE OF										
Š.		Conditions, if ony,		METASTAS:	IS TO	BONE L	IVER					
1		gave rise to imme cause (a), stating	ediote	OR AS A CONSEQUE	NCE OF							
tio.		underlying cause		ARTERIOS	CLEROI	IC CAR	DIOVASO	ULAR I	ISEAS	E		
٨, ٥		PART 2. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO D	EATH BUT N	OT RELATED	TO THE TERM	NAL DISEASE	OR CONDI	TION GIVEN	IN PART 1	o o
ic c	0									-=-		
Lo Swa	CERTIFICATION	190 DATE OF OPERATI	ION 196 CON	DITION FOR WHICH	OPERATION	WAS PERFOR	₹MED	YES [NO[X]	20b. IF YES, V IN CERTIFYII YES	WERE FINDIN NG CAUSES	OF DEAT
18 %		21a. ACCIDENT WAS UNDE	Limite	OF INJURY A.M. MONTH DA	Y YEAR	21c HOW INJ	JURY OCCURR	ED (ENTERNAT	URE OF INJURY	IN ITEM 18 PAR	T I OR PART 2)	
Hea	CAL	(IF EITHER NOTIFY MEDICA	AL EXAMINER)	P.M.	19							
ō	MEDICAL	21d INJURY OCCURRE	LAT HOME	E OF INJURY STREET FACTORY, OFFICE FA	RM ETC)	211 LOCATIO STREET	N		CITY OR TOWN	4	COUNTY	S
orke	~	AT WORK NOT WHILE	IE C									
ē.			(this hospital) attended		MARCH	1_24	., 19 <u>87</u>	, taAF	PRIL	2, 19	87	that (I) (v
121		saw the deceased abave, (1) (we) (di	d alive an APRT		, and	that in (my) ((aur) opinion d	leath occurred	an the date	and haur a	and from the	causes sta
Hen		22b. SIGNATURE			D	EGREE	200				22c. DATE	SIGNED
=							TTENDING PHYSICIAN [MEDICAL DIRECTOR [STAFF PHYSICIA	IN.	4-2	2-87
		22d PHYSICIAN'S NA	A.	, 11. 11.	6.0	22e ADDRESS	5			44		
TAN.		WEN-SHYANG	WU, M.D.	IM MC	1917	VA MED	ICAL CI	ENTER,	FORT	HOWARI	D, MD	210
₩ /				Y	AME OF CE	METERY OR C		23d. LOCA				
MPORT		URIAL, CREMATION, R	REMOVAL 23b. DATE	23c. N	MAL OI CE	THE TENT ON C	KEMATOKT					
MPORT		URIAL, CREMATION, R	236 DATE 4/7/			DRE NA	_		LTIMO	RE	COUNTY	Mi
IMPORT	B1	URIAL INERAL DIRECTOR		87 BA	LTIMO	DRE NA	T. CE	M BA	LTIMO	b. REGISTRA	COUNTY RESEIGNAT	LURE

					STA	TE OF MARYL	AND				
	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE										
5 1 2 4 7 7	PR	REGISTRAR			CERTI	FICATE OF	DEATHS	/ 8	G. NO.) 13 1	h
			IRST	MIDDLE		LAST		20. DATE OF DE		DAY WEAR	2b HOUR
nay be poge 3 r deoth			omi M.	STAFFOR				April 2			10:45AM
fer b	3. SE.	<	4 RACE		5. DATE	OF BIRTH	YEAR	6. AGE (IN YEARS	AST BIRTHDAY)	MONTHS DAY	R IF UNDER 24 HRS S HOURS MIN.
ge 4	/	Female		White	2	25	1909	78	YRS	5.	
th. Po	, BI	RIMPLACE (STATE OR FORE		EN OF WHAT COU	MARR	ED NEVER	MARRIED -	9. BALTIMORE C			
deo deo	5	Maryland TY OR TOWN OF DEATH		USA	WIDOW	trained .	NORCED [Baltimo			MD.
by the filed with	um. C	(Rosedale) Baltimore	(IF N	ME OF HOSPITAL, IOT IN SUCH FACILITY, GN anklin Sq	VE STREET ADDRESS)		TITUTION	12a. USUAL OCC (TYPE OF WORK FOR Teache	MOST OF WORKING	G LIFE) INDUSTR	of BUSINESS OR Y
be in b		AL RESIDENCE (IF NURSING	HOME OR OTHER INS	TITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)		-			
filled filled	130. 3	Md.	SA /	Bal	timore	134 INSIDE C	NO NO	130.STREET ADD	Alban:	s Rd.	21239
this strain	14. FA	THER'S NAME	WIDDIE		AST	15. MOTHER	S MAIDEN NA		ODLE		AST
		7 831	MIDDLE	Mag	;i11		FIRST	mi	JULE .	l.	A51
and co	16a V	VAS DECEASED EVER IN			AL SECURITY NO.	17 INFORMA	ANT		ADDRESS B	alto., l	∕Id.
Pog		(ES, NO OR UNKNOWN) (1	F YES, GIVE WAR OR	213-1	.6-3224A	Arthur	F. Hou	useman,10	003 St.		Rd. 2123
sicio vol.		18. CAUSE OF DEATH	nter only one co								NONSET AND DEATH
phy phy series		PART I. DEATH WAS	MEDIATE CAUS	E(o) Car	diopulmo	nary Ar	rest,	Congesti	ve Hear	rt	
ding or b		100 PM	DII	E TO, OR AS FAI	SUCE OF						
deat		Conditions, if any, w		(b) Acu	te Myoca	rdial I	nfarcti	on			
he emo		gave rise to immed		E TO, OR AS A CON							
by the by			lost.			otic Pe	riphera	1 Vascul	ar Dise	ase	
ned ple		PART 2. OTHER SIGNIFI	CANT CONDITI								lio
sig hen to b	Z	2									
2 2 2 2	CERTIFICATION	19a. DATE OF OPERATIO	N 19b	CONDITION FOR	WHICH OPERATE	ON WAS PERFO	DRMED	20a AUTOPSY	? 20b. IF	YES, WERE FIND	INGS USED
- 5 to 3	문							YES T NO	_ IN CER	TIFYING CAUSI	ES OF DEATH?
to with a	ERT	216. ACCIDENT WAS UNDERL	YING 71b.	TIME OF INJURY		21c. HOW IN	NJURY OCCUR	RED (ENTER NATURE			
		OR CONTRIBUTING CAU	SE OF DEATH	DUR A.M. MON		2					
15 8 8 1 M	MEDICAL	IF EITHER NOTIFY MEDICAL		P.M. PLACE OF INJURY	19	211 LOCATI	ON				
bond rked	WE	WHILE NOT WHILE	TA3	HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREE		CIT	YORTOWN	COUNTY	STATE
S mo		220.1 certify that (th				11 16,	_, 19_87	10 Apri	1 20	. 19_87	that (we) lost
Spitol CTO J for of H		saw the deceased above, (we)(did)	olive on AC	ril 20 he bady ofter death	1987,		(our) opinian	deoth occurred on	the date and h	haur and from th	ie causes stated
chec chec Chec Chec		22b. SIGNATURE	-			DEGREE	ATTENIONIO	14501041	STAFF	22c. DA	E SIGNED
AL I AL I deto ote ote III.		The second					PHYSICIAN [MEDICAL DIRECTOR F	STAFF HYSICIAN	- 1/2	0/57.
NER DE ST		226 PHYSICIAN'S NAMI	(TYPE OR PRINT)	,		22e ADDRE	SS				
etoined by TO FUNERAl should be de with the Stot		Douglas	RLA	V/on	no	900	0 Frank	lin Squa	re Driv	e. 212	37
Z o		BURIAL, CREMATION, REA	MOVAL 23b. D	ATE	23c NAME OF	CEMETERY OR		23d. LOCATIO	N	COUNTY	STATE
BP		Burial	4	/23/87	Dulaney	Valley	J	Timoniu		Balto.	Md.
DHMH - 16 60M 7/84	24 FI	JNERAL DIRECTOR			DDRESS Balt			E REC'D. BY REGIS	TRAR 256. REG		
(VRA 15, 4)	Mit	chell-Wiede	feld Ho	me, Inc.,	6500 You	k Rd.	AP	K22 198	I Julia	Duridur.	Kendall
	-										

(VRA 15, 4)



d rector, page 3

тау ре

requires that the death certificate be executed within 24 hours ofter death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the hospital ar attending physic

BP.

medical

y, ar other troumotic event, the

5	TA	TE	OF	M	ARYL	AND		
ARTMENT	OF	HE	ALT	Н	AND	MENT	AL	HYG

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYG	IENE
CERTIFICATE OF DEATHS	1
	100

	FOR -STATE - REGISTRAR				EALTH AND MENTAL HYG	IENE	6 0	/ \ _ 2	
ŀ	I DECEASED NAME FIRST		WIDDLE DC . CC		AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
ı	(TYPE OR PRINT) Mrs. Kath		Pfeiff Priverrex	er	tapf		pril	20,198	
3. SEX 7a. BIR BE 10 CII 13a. SS Ma 14 FA	3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
l	female	whi		Mar	ch 23, 1915	72	YRS.	ONTHS DAYS	HOURS MIN.
ŧ	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY C	_		
	BaltMd.	USA	A WIDOWED X DIVORCED			Baltimor			MD.
	10 CITY OR TOWN OF DEATH Towson	One	Smeton Pla	ace	DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake	OF WORKING LIFE		F BUSINESS OR
		Baltimore 13c. CITY OR TOWNS				One Smetor	ZIP CODE	2/	204
	14 FATHER'S NAME Arthur M	i lton	Pfeiffe	r	15 MOTHER'S MAIDEN NA/ FIRST Ella	ME MIDDLE		Skill.	man
t	160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ESS			
	(YES, NO OR UNKNOWN) (IF YES, C	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			-6727 Fred L.C.Stapf 133 Weld				1.Md.2120
NOI	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(c)		EATH BUT					
	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? YES NO	IN CERTIFY	, WERE FINDIN YING CAUSES	
	On Contractivities Contraction	EATH HOUR A	M. MONTH DAY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	1 75
	(IF EITHER NOTIFY MEDICAL EXAMIN		M. OF INJURY	19	21f LOCATION				
I	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FAR	RM, ETC]	STREET	CITY OR TO	NN NN	COUNTY	STATE
	22a.1 certify that (I) (this had	pital) attended the	17 10 8	11	nd that in (my) (gdr) opinion of DEGREE ATTENDING	MEDICAL STA	FF .	22c DATE	SIGNED
1	1-1	4/	my	- 10	PHYSICIAN [DIRECTOR PHYSIC	IAN 🗌	17 4	20-87
	22d. PHYSICIAN'S NAME (1798) Dr. Richa		ggs,Jr.		7600 Osler	Dr. Towson,	Md . 2	1204	
1	23a. BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
JOCITY COLON BALL TO CITY	Burial	April	73,198/ Di	ruld	Ridge Cemeter	y Pikesvi			
- 14	A PUNERAL DIRECTOR				75a DAT	P RP('I) BY RF GISTDAD	CISH RECIETE	AD'S SIGNIATI	LIDE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate should be detached for use as the burial-tro-with the Stote Dept. of Health and Mental His MAPORTANT; if them 21 is marked ~ them 8

Mitchell-Wiedefeld Home 6500 York Rd.Bal.Md

Γ_F 0 0 22 F C

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN OF ESTI-DEATH MATED (TYPE OR PRINT) STARKS, JR. WILLIAM DEPREE DIRECTOR. 4 RACE DATE OF BIRTH 3 SEX IF UNDER 1 YR. IF UNDER 24 HRS DATE RONOUNCED BLACK 24 198 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED FILED. OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION GENERAL ASST. VICE PRESIDENT SENTINGL TITLE LTIMORE 13a STATE PRESTON ST., BALTIMORE, MD. 21201 BALTIMORE MARYLAND 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST BELL WILLIAM STARKS MARIE T. PAGES 1 AF 17. INFORMANT MRS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO BALTIMORE, MO. 21207 (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NO 220-01-5807 MARION R. STARKS 4120 BEDFORD ROA INER ALONG WI IRANSIT PERMIT. F MENTAL HYGIENE, DIV. OR REMOVAL. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: ITHIN 24 HO IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF 201 lying couse lost DED TO THE CHIEF MEDINARY

3 SHOULD BE USED A BUTTON
DEPARTMENT OF HEALTH AND AND INFRICATION, DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET PAGE 3 STATE D CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORWATE FOR A FIRE DEATH, WITH THE STYLENDER, MARYLAND, 2'S BALTIMORE, MARYLAND, 2'S 220 I certify that Dook charge of the remains described above, held an Autopsy Inspection and in my opinion death regulted tron Homicide Undetermined manner Accident Natural causes SIGNATURE

07/84 BP **DHMH - 17** (VR A15 ME (5)) EXAMINER'S NAME TYPE OR PRINT

230. BURIAL, CREMATION, REMOVAL 236. DATE

ARBUTUS MEMORIAL

STATE OF MARYLAND

23d. LOCATION

BALTIMORE, MARYLAND

59 8 M

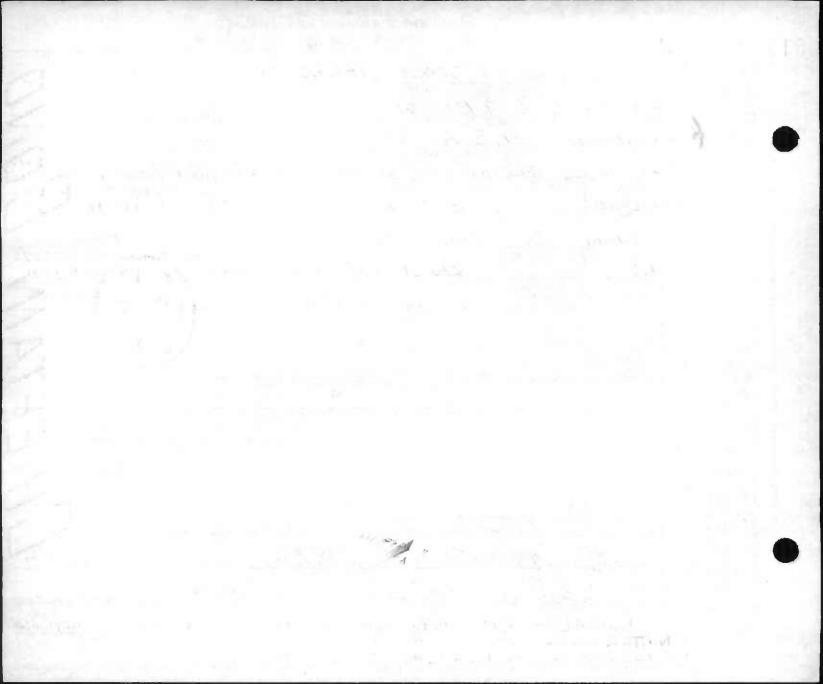
BETWEEN ONSET AND DEATH

YES

NO .

STATE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 2501 GWYNNS FALLS PKWY. BALTO MD. 21216



	Ite	STATE REGISTRAR	625 3/18	/87 CW DEPARTI	MENT OF H	EALTH AND MENTAL H	YGIENE	O 2 REG. NO.	2 5			
ogy be 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TEASED NAME FIRST RO	BERT	WIDDLE	l	STAUFENBERG		DEATH MONTH	01 87			
tor page ofter deat	3 SE	<	4. RACE		5. DATE C		6 AGE INY	EARS LAST BIRTHDAY)	MONTHS DAY			
Page directs		Male	Whit		3	13 18	68	11/6				
death. Page uneral direct hin 72 hours ar once.		RTHPLACE (STATE OR FOREIGN COUNTRY) New York	U.S	F WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED		RECITY OR COUNTY				
by the fifted with	10. CI	TOWS ON	GEMC S	TI. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION GENCE SUCH A 6701 ST. OCHARLES ST.				120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Clerk Balto. City				
filled in outd be		AL RESIDENCE (IF NURSING HOM TATE 136 CC		N, GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS'	13e STREET / 12 Du	ADDRESS / ZIP CO	DDE ve 210	93		
mpletely mpletely	14. FA	THER'S NAME William	MIDDLE	Staufenb	erg	15. MOTHER'S MAIDEN Lauretta	NAME	WIDDLE	Workma	LAST N		
on and co		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES WW	ARMED FORCES? GIVE WAR OR DATES!	19 29 CIN 8541		Mrs. Nion	Staufer	ADDRESS nberg - Sa	ame as	#13		
rtificate b physicia angagers, emaval.		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	r only one cause po USED BY: DIATE CAUSE (a)	er line far (a), (b), an PULMONA	RY EM	BOLISM			APPR BETWE	OXMATE INTERVAL EN ONSET AND DEATH		
that the death ce d by the attendin lease remove carb ial, crematian, arrier ar other traumatic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)_	OR AS A CONSEQUI								
100	NOI	PART 2. OTHER SIGNIFICAL SEVERI	ASCVD	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	e or condition (GIVEN IN PART	lía		
	CERTIFICATION	190. DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO Y YES YOU NO Y YES Y YOU NO Y YOU					
S physical and the state of the	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NA	TURE OF INJURY IN ITEM	18 PART I ORPART)		
attendin ter this c is the bur h and Me rked ar h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE		
pital or TTENDIN TOR: Affar use of Affar use of Health		22a. certify that (1) (this h saw the deceased alive above, (1) (we) (did))(die	aspital) attended to	the deceased from_	87	2/28 , 19 8 and that in (my) (aur) apini		3/1 d an the date and t	. 19 87 navi and fram t	, that (It (we) last . he causes stated		
SPITAL OR A J by the has NERAL DIREC be detached e State Dept. FANT: If frem		22b. SIGNATURE	>	y difer dediii.		DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		TE SIGNED		
ro Hospital etained by the TO Funeral should be det with the State		22d PHYSICIAN'S NAME (1)	OONAT			GBMC - 670	01 N. CH	ARLES ST.				
BP		URIAL, CREMATION, REMOVIED REMOVAL	23b. DATE 3-1-		NAME OF C	EMETERY OR CREMATOR	CITY	OR TOWN	COUNTY	STATE		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	INERAL DIRECTOR State Ana	atomy Boa	ard ADDRESS B	alto.	, Md.	AR 04	EGISTRAR 25b REG	ISTRAR'S SIGN	ATURE		

n Turb

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• 17 T. C. E. C. E

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. N	REG. NO.					
1. DECEASED NAME FIRST TYPE OR PRINT! Frederick	W •	Stein, Sr.	20 DATE OF DEATH	04 19 87	26. HOUR 6: 00AM				
Male Male	Cauc.	5. DATE OF BIRTH MONTH DAY 09 24 2		THDAY) IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.				
Mary Land	U.S.A.	MARRIED LI NEVER MARRIE	BALTIMORE	COUNTY OF DEATH	MD				
TOWS ON	GBMC-6701". N. e stree	HARLES ST.	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Machini	OF WORKING LIFE) INDUSTRY	of Business or r Tools				
		VN 134. INSIDE CITY LIM		/ ZIP CODE leigh Rd.	21234				
H. FATHER'S NAME FIRST John Nich	olas Stein	15. MOTHER'S MAID	WIDDLE	Meye					
160. WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) (IF YES. GI YES	VE WAR OR DATES)	urity No. 17. INFORMANT -5815Linda A.	ADDRE Lenzen 27 D	210					
Conditions, if any, which gave rise to immediate couse Ial, stating the underlying couse lost	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEQU (c) CONDITIONS CONTRIBUTING TO	JENCE OF	e terminal disease or con	DITION GIVEN IN PART 1:	0				
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NG CAUSES OF DEATH?				
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINET OF COURSED WHILE NOT WHILE ATWORK ATWORK ATWORK		19 211. LOCATION	CCURRED (ENTER NATURE OF INJU		STATE				
220 I certify that (I) (this hasp	Townsend	O. 800		ate and hour and fram the					
236. BURIAL, CREMATION, REMOVAL	wnsend 23b DATE 23c	6701 N	CHARLES ST - C						
BURIAL	APRIL 21, '871	MARYLAND VETE	RANS CROWNSV	ILLE, MARY	LAND				

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached for u IMPORTANT.

TO HOSPITAL OR ATTENDING

24 FUNERAL DIRECTOR LOCH Ε. JOHNSON 8521 RAVEN BLVD

APRIL 21, '\$7MARYLAND VETERANS CROWNSVILLE, "MARYLAND" APR 20 1987 Julia Denger Signafire Law

STOTE H. OF THE ME. - THE

L SIN GS ISA

poge 3 4 RACE SEX 5. DATE OF BIRTH 19 WHITE MALE TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIE COUNTRY USA MARYLAND WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTIO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FRANKLIN SQUARE HOSPITAL ROSSVILLE BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 138. STATE | 136. COUNTY | 136. CITY OR TOWN ROSEDALE 13d. INSIDE CITY LIM BALTO MD 15. MOTHER'S MAID! 14 FATHER'S NAME JR FIRST MIDDLE LORRATIN WILLIAM EDWARD STEPHENS 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (IF YES, GIVE WAR OR DATES) 217085138 WILLIAM n/a NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), 1 PART I, DEATH WAS CAUSED BY. Cardiopulmonary Arrest DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DUE TO, OR AS A CONSEQUENCE OF Complications post bone r Conditions, if ony, which gove rise to immediate other couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost Acute non-lymphocytic leu PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH CERTIFICATION Graft versus Host Disease 0 prior permit. any 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION has the buriof-transit per and Mental Hygiene physician this certificate 21c. HOW INJURY O 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 71d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from January FUNERAL DIRECTOR: sow the deceased alive on April 2 obove, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and have and from the causes stated old be detached for the State Dept. 22b. SIGN TLT DEGREE STAFF MEDICAL *der ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS Sohns CIAN'S NAM Balto 601 N Wolfe shou NAME OF CEMETERY OF CREMATORY 23d LOCATION 23b. DATE 230. BURIAL, CREMATION, REMOVAL CITY OR TOWN BP CREMATION BATTO

JARED EDWARD

STEPHENS

MIDDLE

STEPHENS

E.

Jared

FOR

REGISTRAR

L'DECEASED NAME

- STATE

(TYPE OR PRINT)

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

LAST

Di Cleraco Are

DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

	O REG.	2 NO.	2	1		
OF	DEATH	MONTH		DAY	YEAR	2b. HO

L HYGI	REG. NO	2	1							
	20. DATE OF DEATH	NONTH DAY	YEAR	2b. HOUR						
	April 3, 1	987		9:30A M						
80 5	6 AGE (IN YEARS LAST BIRTH		INDERTYEAR	IF UNDER 24 HRS HOURS MIN.	_					
85	1	YRS								
· K	9 BALTIMORE CITY OF	COUNTYO	PDEATH							
	Baltimore	County		MD						
7	12a USUAL OCCUPATIO		126 KIND O	F BUSINESS OR						
ITS?	7923 UNDE	RHILL	RD	21237	,					
NAM			JAS	1						
E	DÖLÖRES WETTZEL									
Ε.	STEPHENS		UNDI	ERHILL						
			BETWEEN C	MATE INTERVAL DISET AND DEATH						
narr	row transpla	nt								
uken	nia									
ETERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 1	. ·						
	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN								
	YES X NO	YES		NO [
CCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM TO PART	I OR PART 2)							

STATE

STATE

MD

COUNTY

87

COUNTY

BATTO

22c. DAJE SIGNED

Hooking Hecor



ed by the

1 - STATE

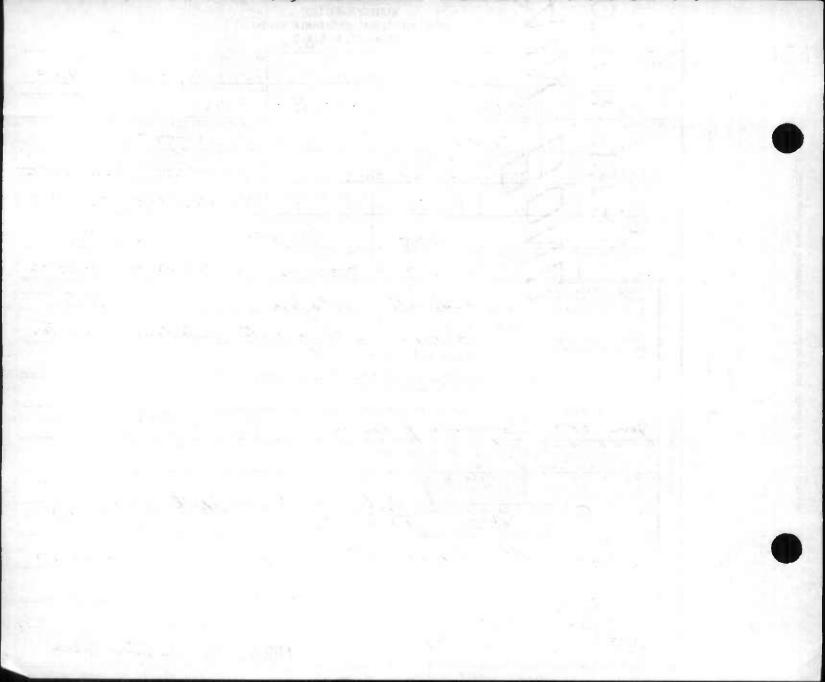
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-1	3 SE:	REGISTRAR	GISTRAR			CERTIF	ICATE OF DEATH	1	REG. NO.				
1	I. DEC	CEASED NAME	FIRST		MIDDLE	l	ASI	20.	DATE OF DEATH		DAY YEAR	2b. HOUR	
	,,,,,		JOHN			STOC	CKMAN	Δ.	PRTL 27	198	7	11:20A M	
ı	3 SEX			4. RACE		5. DATE C	OF BIRTH		GE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	1	Male		Whit	е	Dec			75	YRS.	ONTHS DAYS	HOURS MIN.	
	70. BI	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	DE NEVER MARRIED	9 B	9 BALTIMORE CITY OR COUNTY OF DEATH				
1		Md.		U.S	.A.	WIDOWE	-		Baltim	ore C	ounty	MD.	
1	10 CI	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		USUAL OCCUPAT			F BUSINESS OR	
1		<u>Baltimore</u>		4135	Glen Pa	rk R	oad		Supervisor U.			Treasury	
1	13a S	AL RESIDENCE (IF NURS STATE Md .	136 COU	OTHER INSTITUTION, NTY . to .	136. CITY OR TOW Balti	/N	13d. INSIDE CITY LIMITS YES NO 💆	5? 134	STREET ADDRESS 135 GIE	n Par	k Rd.	21236	
A	A FA	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE				
1		Leo		Model	Stockm	an		heri		Jun	ghanď	le	
1		VAS DECEASED EVER			16b SOCIAL SECU		17. INFORMANT		ADDR				
L	(YES, NO OR UNKNOWN) [IF YES, GIVE WAR OR DATES] 220-01-						Grace St	tock	ockman (wife) same add				
ı		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which (b)									APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH	
1											10	hur-	
1												-++	
1		Canditions, if ony,	which	((6)	Carcis	m	dlung.	wit	- melo	storis	40	northy	
1		gove rise to imm cause (a), statin	nediote	Sporto o	R AS A CONSEQUE	ence of 4							
1		underlying cause		(10)	AS A CONSCION	ENCE OF							
1	-	PART 2 OTHER SIGN	NECANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE T	TERMINAL	DISEASE OR CON	IDITION GIVE	EN IN PART 1	0	
1	NO.												
7	CERTIFICATION	190 DATE OF OPERAT	ION	IN COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	2	On AUTOPSY?		WERE FINDI		
7	THE	Jan 19	87	Caro	erona !	2 le	ing	٧.	ES NO	TING CAUSES	NG CAUSES OF DEATH?		
51	CER	TIO. ACCIDENT WAS UND	-				21c. NOW INJURY OCC	CURRED	ENTER NATURE OF INJ	JRY IN ITEM IB PA	ART I OR PART 2)		
	2534.5	OR CONTRIBUTING C		ALID		AY YEAR							
1	MEDICAL	21d. INJURY OCCURE		21e. PLACE	OF INJURY		211 LOCATION				COUNTY		
1	M	WHILE NOT WH	ILE 🗌	(AT HOME, STA	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TO	OWN	COUNTY	STATE	
1		22a.1 certify that		tal) attended th	e deceased Iram	The	10	8-6	10 april	e .	10 87	that (1) we) last	
1		saw the decease	ed alive or	- Xer	19_	87,0	nd that ip (my) our) apin	nion deotl	occurred on the o	late and hou	ond from the		
1		27h SIGNATORE	fid) (did no	t view the body	offer death.		DEGREE				22c DATE	SIGNED	
1		May	le	111	Ter	~ 1	ATTENDIN	IG M	EDICAL STA		4-2	7.87	
Н		22d. PHYSICIAN'S NA	ME (TYPE	OR PRINT)			PHYSICIAN 22e ADDRESS	N P DI	RECTOR PHYSI	CIAN	11/	,,,,	
1	in 1	DR.			KERR		6801 Be	alai	r Rd.				
7		BURIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATO		3d LOCATION				
	(CREMATION 4/28/87					NMOUNT		CITY OR TOWN	IMORE	COUNTY	MD.	
1	24. FL	UNESCHEMON	EK F			INC.	25a.		D. BY REGISTRAF				
1		9705 Be	lair	Rd.,	Balto.		21236 A	PR 2	8 1987	ulia Des	ridorn-Ka	dallo	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, A should be detached for use with the State Dept, of Hea

IMPORTANT: # IN



	150	EARL I	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IENE : A	0 9 9
2.7	1.1.	REGISTRAR STR	EET	CERTIFICATE OF DEATH	REG. N	O.
	1. DE	CEASED NAME STRF	MIDDLE	LAST	2a. DATE OF DEATH	20 1987 6:30 p
	3. SE	X X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	
		MALE	WHITE	MONTH BAY 1943	44	MONTHS DAYS HOURS MIN.
once	7a. B	RTHPLACE (STATE OR FOREIGN VIRGINI	76. CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH
Ф.	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPAT	SALTO COUNTY MI
28		TOWSON	STJOSEPHS H	OSPITAL TOWSON, Nd	"ASSEMBLY	GM AUTO
des 5	13a.		ALTO ROSEDA	N 13d INSIDE CITY HMITS?	13e.STREET ADDRESS	ZIP COME 21237 OAKPALE AUE
mine	14. F.	THER'S NAME FIRST	MIDOLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
× ×	2		ERRY STR		MYRTLE	
edico			E WAR OR DATES)			BOX 457 WHITE
ne m		NO n	/a 217400°		STREET SUI	LFUR SPRINGS W.VI
ent, th		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	lly one couse per line for (a), (b), on D BY:	nd (c.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
fic ev		IMMEDIAT	E CAUSE (U)			
noma	8	Conditions, if any, which	DUE TO, OR AS A CONSEQUI	UMONIA		
er fro		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF	4 -	
ar ath		underlying couse lost.	(c) META	STATIC LUNG	CARCIA	
injury, a	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110
è G	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
shaws	EE	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO	YES NO
Item 18		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D.	AY YEAR	CED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
or te	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211. LOCATION		
	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	FARM, ETC) STREET	CITY OR TO	OUNTY STATE
is marked		220.1 certify that (1) (this haspi	tal) attended the deceased from_		, to	, 19, that (I) (we) last
121		sow the deceased alive an above (I) (we) (did) (did no	1) view the body after death.	, and that in (my) (aur) apinion	death accurred on the de	ate and hour and from the causes stated
H He		22b. SIGNATURE	~ A	DEGREE ATTENDING .	MEDICAL STAI	22c. DATE SIGNED
		DIA PLAY LAN'S NAME (TYPE O	- 100	PHYSICIAN [DIRECTOR PHYSIC	CIAN [
	1	THE PIST A LAN'S NAME (TYPE O	DOWNS	22e ADDRESS		
		John C	00000			
	730.1	URIAL CHARLES REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
ž	230.1	BURIAL	23b. DATE 23c 1		CITY OR TOWN	ICO HARRODE
		BURIAL HERALDRICTOR THE STATE OF THE STATE	23b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY Onowingo baptist	CITY OR TOWN	IV. F.1

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR STATE

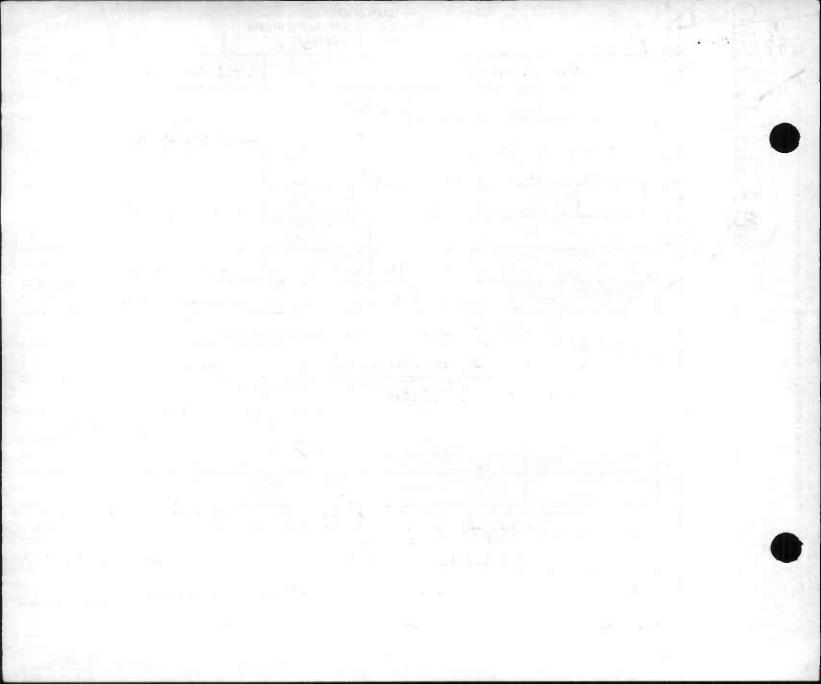
STATE OF MARYLAND

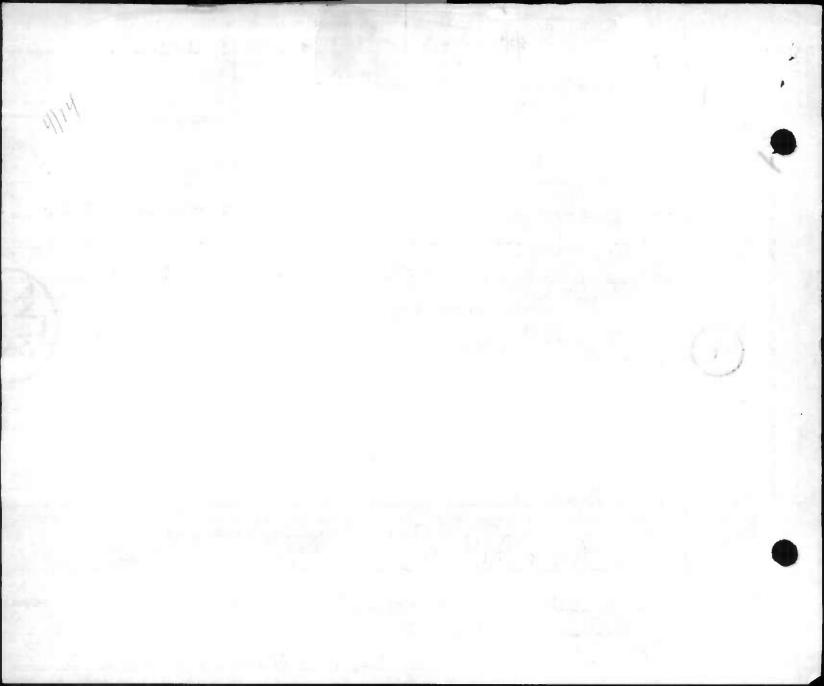
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	(3)	17	4
4	U	of read	6.30
	REG. N	10.	

	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO			
	ECEASED NAME FIRST Edward	L. STREI	B	L	AST	April		1987	YEAR	2b HOUR 12:30a
3 SE	X	4 RACE	Control Control	5. DATE C		6. AGE (IN YEAR	S LAST BIRTH		NDER I YEAR	IF UNDER 24 HRS.
	MAle	White		8-9-	1928 DAY YEAR	58		YRS.	THS DAYS	HOURS MIN.
	Baltimore Baltimore COUNTRY) Baltimore COUNTRY U.S.A. 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GWE STREET FRANKLIN Square)			8. MARRIED NEVER MARRIED BAltimore CITY OR COU					DEATH	ME
10. C				ADDRESS)		120 USUAL OC (TYPE OF WORK FO atallio	n Ch	working (IFE)	industry Balto	. Co Fin
13a.	JAL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR Bal	1 YTY	IVE RESIDENCE BEFORE 34. CITY OR TOWN		13d Inside City Limits?	(Ret 13e.STREET ADI 403 N.	ired DRESS / Marl) ZIP CODE yn Ave		DEpt. 21
14. F	EDward L.	Streib	LAST		15. MOTHER'S MAIDEN NA/ Aristrey		MIDDLE		LA	ST
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) [LIF YES, GIV		6b. SOCIAL SECUI		17 INFORMANT		ADDRES		A	21221
	Yes $(6-47)$ & $48-51$ 212-26-2157 Anne L. Streib - 403 N. Marlyn						Ave.	- 21221		
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cardiac Arrest MMEDIATE CAUSE (a)							BETWEEN	IMATE INTERVAL ONSET AND DEATH	
TION	couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (Insulin	nt Diabe	tic		INAL DISEASE C	DR COND	ITION GIVEN			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ION FOR WHICH				200 AUTOPSY? YES NOTTH YES WERE FINDINGS IN CERTIFYING CAUSES OF D YES NOTTH YES NOT			NGS USED S OF DEATH? NO
	2) 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M P.M	. MONTH DA	YEAR	21t HOW INJURY OCCURE	RED (ENTER NATUR	E OF INJURY	IN ITEM 18 PART I	ORPART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OI (AT HOME, STREE	T, FACTORY, OFFICE FA		211 LOCATION STREET		TITY OR TOW	7	COUNTY	STATE
	22a. I certify that (+) (this hosp saw the deceased alive an obove, (+) (we) (did) (did no	April 2	7 19.8		nd that in (my) (aur) apinian (ta Apr	in the dat	e and haur an		
	n Swa	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						226. DATE	26-F7	
	Mark SwiEns	DSIOL	, M.D.		9000 Frank	lin Sq.	Dr.	, 21237		
23a	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATIO		. 2.44	PUNTY	STATE
	Entombment	4-30-8	7 Ho1	ly Hi	111 Cemetery			iver,MD		
24 F	FLINERAL DIRECTOR		-		25a DAT	F REC'D BY REG	ISTRARI2	SE DECISTRAD	S SIGNA	TLIDE

John C. Miller, Inc.-6415 Befair Road 21206





FOR 1 - STATE 2 REGISTRAR	DEPAR	STATE OF MARYLAN TMENT OF HEALTH AND M CERTIFICATE OF DE	NTAL HYGIE	NE RIGINO	2 3	2	
1. DECEASED NAME FIRST	WIDDLE	LAST	2	a DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
Laur	ra B.	Swisher		0	4/10/	87	12:15an
3. SEX	4 RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRT		INDER TYEAR	IF UNDER 24 HRS
/ Female	White	3 20	06	81	YRS. MON	THS DAYS	HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna.	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MA	RRIED 9	BALTIMORE CITY OF Balti	COUNTY OF	DEATH	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			20 USUAL OCCUPATION			F BUSINESS OR
Catonsville	Meridian Nurs			Homemaker	WORKING (IFE)		estic
USUAL RESIDENCE (IF NURSING FOME O 130, STATE NAME FIRST HATVEY	ard 13c. CHY OR IC	ia 13 INSIDE CIT YES 15 MOTHER'S Amer Armi	MAIDEN NAME st nta	10608 ^E	ed Hor	Keife d Hors	er se Lane
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	nly one couse per line for (o), (b), ED BY: ITE CAUSE (o) DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c)	DUENCE OF	ulsa				MATE INTERVAL INSET AND DEATH
	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED T	THE TERMIN	al disease or cond	ITION GIVEN	IN PART 110	
190 DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORA	AED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	

190 DATE OF OPERATION	176. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	ZOG AUTOPSTY	IN CERTIFYING CAUSES OF E	DEATH?
210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCU	YES NO		<u> </u>
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	THE PEACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, \$1E.)	TH LOCATION	CITY OR TO	wn COUNTY	STATE
22c.1 certify that (II (this hospital) saw the decreased alive an above, (II (we) (did to be set) in	ew the Body after death.		n death occurred on the d	19 that attracted how and from the coust	(I) (we) last es stated
226 SIGNATURE	ye "	ATTENDING PHYSICIAN		FF LIAN 4 PM	NED NED
THE PHYSICIAN'S NAME (THE OFFI	1/11000	22e ADDRESS	111.1010	n Mi-k	2-07

230 BURIAL, CREMATION, REMOVAL (SPECIFBURIAL)

23c NAME OF CEMETERY OR CREMATORY Mifflinville Cem.

Mifflinwille Columbia Penna

Pike FAMILY 4112 Columbia Pike FUNERAL HOME, INC. Ellicott City, Md., 21043

4/13/87

APR 15 1987 Julia Dardon Roders

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. should be detached for use with the State Dept. of Hec

I SAN District

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4/20

STATE OF MARYLAND

1	REG. N	2 ;	3 3
	KEG, N	O.	

1	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG	IENE I Q	2 3	3	
	ECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(146	Joa	n	C.	Syke	es	4-12-87			14.00
3. SE	EX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HI
	Female	Whit	e	MONT	4-36 DAY YEAR	51		MONTHS DATS	HOURS MI
	SIRTHPLACE STATE OF FOREIGN	76. CITIZEN O	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY C	OR COUNT	Y OF DEATH	
	alto. Md.	U	.S.A.	WIDOWE		Baltimor	o Cour	nts	
10 0	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND O	F BUSINESS
1	Baltimore		Yakona R		21234	Book Keepe		Oaklo	om
30	JAL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	INTY	130. CITY OR TOW Balto.		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1836 Yak	ona R	Cloth: oad-212:	ing Mf
14. F.	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE			727
55	Clarence W.	Derr	t A 31		Eleanor Wa	atkins MIDDLE		TAS	T
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17 INFORMANT ADDRESS				
	No	IVE WAR OR DATES)	220-30-7	147	Charles J. Sy	kesSr.1836	Yako	na Rd	- 2123
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause p	er line far (a), (b), an	d ICV	Poter Repul			APPROXI	MATE INTERVAL ONSET AND DEA
CERTIFICATION	PART 2 OTHER SIGNIFICANT		ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO			200 AUTOPSY?	20b IF YE	S, WERE FINDIN	IGS USED
I I						YES NO		FYING CAUSES	NO [
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH HOUR A	OF INJURY A.M. MONTH DA	AY YEAR	YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18			3 PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME S	OF INJURY TREET, FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
14	22a.1 certify that (1) (this hasp	ital) attended t	he deceased fram_	7-2	19.860	10 3-23		19 87	that (I) (we) I
	saw the deceased alive o	of view the bod	19	, ar	nd that in (my) (aur) apinian o	leath accurred an the d	ate and hav	or and fram the	causes stated
	72h SIGNATURE	1/10	MATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE	SIGNED		
	Marvint	Feidmi	an		3026Veer	spring S	tato	on 21	093
	Burial, cremation, remova (Specify) Burial	236 DATE 4-15			emetery or crematory d Memorial Par	23d LOCATION CHITY OF TOWN	more,	Marylan	d STATE
	UNERAL DIRECTOR		ADDRESS			REC'D. BY REGISTRAR	256 REGIST	TRAR'S SIGNAT	URE
J	ohn C. Miller,	Inc64	15 Belair	Rd	21206 A	R15 198/		despre	Anders.

John C. Miller, Inc.-6415 Belair Rd.-21206

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been ignited by should be detached for use as the burial-transit permit. Than please with the State Dept. of Health and Mental Hygiene prior to burial, or

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician. Property of the late

тоу ре

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEDTIFICATE OF DEATH 7

9 3 n

17	REGISTRAR		CERTIFICATE OF DE	1 1	REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF		YEAR 26 HOUR
	ADA	M R. SZC	ZESNIAHOU	USKI	4-29.	-87 2.00 N
3. SEX	×	4. RACE	5. DATE OF BIRTH	6. AGE (IN YE		UNDER I YEAR IF UNDER 24 HRS
2.	10/	WHITE	4-13-19	24 6	3 YRS	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MAI	RIED BALTIMOR	E CITY OR COUNTY OF	FDEATH
	POLAND 1	U.SIA.	WIDOWED DIVO	RCED D	ALTO. C	O · MI
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			CCUPATION FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
A	KBUTUS!	917 MADEN	1611	NE RE	TIRED	WAREHOUSEMA
	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	WN 13d. INSIDE CITY		DDRESS / ZIP CODE	2/23/
14.54	ATHER'S NAME	DIL	15. MOTHER'S M		S. Collips	ICN AVE.
	FIRST	MIDDLE TECHNIA	Konski Mine	Un lian	MIDDLE	Em DEOT
	WAS DECEASED EVER IN U.S. A		CURITY NO. 17. INFORMANT	THEIN	ADDRESS /	709 FREDERICK
()	YES NO PRUNKNOWN) (IF YES, G	2/5-30	-2580 JoSEPH	SZCZESNIA	Kowski	21228
	18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b), o	and (cg.)	-1]	(-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (a)	Myscarl	IN Inter	etion	Immediate
	September 1	DUE TO, OR AS A CONSEQU	UENCE OF 4/2	9/27/		35.000
1	Canditions, if any, which	(b)				
-	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF			7.3
	underlying cause last	(c)				
7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GIVEN	IN PART Iro
CERTIFICATION	Carcinoma	Keytum-ab-	Di-ma Rese	710-11	7	
₹ Si	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORM	200 AUTO	IN CERTIFYIN	WERE FINDINGS USED NG CAUSES OF DEATH?
E	441	(alect	N MOW NOW	YES	NO YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RY OCCURRED (ENTER NAT	URE OF INJURY IN ITEM 18 PART	I OR PART 2}
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M.	19			
MED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ENC.) 211 LOCATION STREET		CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK		313127		20/27	
		piral) attended the deceased from		19, to	on the date and hour a	nd from the causes stated
	abave, (I) (we) (did) (did)	on	DEGREE	- y opinion dealit occurred	Ton the dore ond hour o	77t DATE SIGNED
	16W/12)	1. 111	ATT	ENDING MEDICAL	STAFF	ZZ DATE SIGNED
-	M PHYSICIAN'S NAME (TYPE	Manuella	22e, ADDRESS	SICIAN DIRECTOR] PHYSICIAN [_]	
	Bm. L. h	n. 1 1 1 . t.	me 3350	Vilke no K	Que Ba	130 mg 51
23a. E	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CRE	MATORY 23d LOCA		
17	BURIAL	5-2-87 5	T. STAWISLAUS	GEM CHYC	BA	LTO. MD.
24 FU	UNERAL DIRECTOR			250. DATE REC'D. BY RE	GISTRAR 256. REGISTRA	R'S SIGNATURE
17	HOMAS J. SKA	RDA 2829 HU.	DSON ST.	MAY 1 -	1987 Adia.	Tinder P.
-						

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the hospital or attending physicion

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and constructed for use as the buriol-tronsit permit. Then please remove corbon papers. Pages I with the State Dept. of Heolth and Mental Hygiene prior to burial, cremotion, of Hemoval. wsony

IMPORTANT: If Hem 21 is morked or Hem 18 sife

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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U	La	7	-
REG	3. NO.		

1.	FOR STATE			DEPARTA		EALTH AND MENTAL HYG	SIENE E	1 9	3	5	
	REGISTRAR				CEKTIF	ICATE OF PEATH	1	REG. NO.			
	CEASED NAME	FIRST EL	ZABETH	I K	ı,	SZINAY	20. DATE OF DI	ATH MO	NTH DA		26 HOUR 3 10
		1120	beth	K 2	211	hay	<u> </u>		1 9	187	O AM
3. SE	X	4.	RACE		5. DATE C		6 AGE (IN YEAR	S LAST BIRTHO		UNDER 1 YEAR	IF UNDER 24 HRS
C	emale	0	auco	1000	8	28 13	73		YRS.		
7a. BI	RTHPLACE (STATE OR			WHAT COUNTRY?	8	_/ =	9 BALTIMORE	CITY OR		FDEATH	
	OUNTRY)		11.	c		D W NEVER MARRIED	(201			+
10.0	HUN GAT		NAME OF	OSPITAL NURSIN	WIDOWE	DR OTHER INSTITUTION	12a USUAL OC	CLIPATION		126 KINDO	F BUSINESS OR
10	-	1		H FACILITY, GIVE STREET	ADORESSI		(TYPE OF WORK FO	OR MOST OF W	ORKING LIFE)	INDUSTRY	
	10 wson		113+C	arnar		tospice	Clerk		ife-	nsura	nce
130 S	AL RESIDENCE (IF NUR	13b COUNT		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET, AD	DRESS / Z	IP CODE		
	md.	Bo	2010	Tows		YES NO	1 1	Epsov	0	Tows	40618 as
14. FA	ATHER'S NAME					15. MOTHER'S MAIDEN NA		1			
	Elmer	MI	DDLE	Fay		Ilma		MIDDLE		Potsa	1
16a V	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRESS		10000	
t.	YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	216-32-2	396	Andrew B.	Szinay -	- same	e as	#13e	100
	18. CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), and	d (c).)	muluple	meta	Dow	مند	BETWEEN	MATE INTERVAL
	PART I. DEATH V			moto	ata	tio molo	noma	LINE	th		7
	- HOW	IMMEDIATE			12000	J-00 1- p0x 0					
	0		DUE TO, O	R AS A CONSEQUE	ENCE OF						
	Conditions, if any gave rise to im		(b)								
	couse (a), statu underlying couse		DUE TO, O	R AS A CONSEQUE	ENCE OF						
	(c)										
-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION											
3	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS	5Y?		WERE FINDIN	
플							YES NO YES				
E.	21a. ACCIDENT WAS UN		21b. TIME C		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	RE OF INJURY I	NITEM 18 PAR	T I OR PART 2)	
¥	OR CONTRIBUTING			M. MONTH D	19						
MEDICAL	21d. INJURY OCCUR		71e. PLACE	OF WIJURY		21f LOCATION		CITY OR TOWN		COUNTY	STATE
×	WHILE NOT W	HILE	(AT HOME, ST	EET FACTORY, OFFICE, F	FARM, ETC }	STREET		LIIT OR IOWN		0001411	STATE
	22a.1 certify that		l) attended (days and long	4-	10 10 82) L	L - 4	9 10	87	that (I) fwel last
	sow the decease		4-4		87	nd that in (my) (our) opinion	death accurred	on the date	and hour		(11)
	above, (1) (ma)	did) (did not)	view the body	atter death.						22c. DATE	
	22b. SIGNATURE			_		DEGREE ATTENDING	MEDICAL	STAFF		III. DATE	SIGNED
	100					PHYSICIAN [DIRECTOR V	PHYSICIA	N	1 4	19187
	22d. PHYSICIAN'S N	AME CIVIL OR	PRINT)			220 ADDRESS Ste	ela W	rari	0 15	to & Pu	le!
	ED.	Nak	hudo	m	D	2300 De	laney	Va	eley	Rd	. 21204
23a.	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c. 1	NAME OF C	CEMETERY OR CREMATORY	23d LOCATI			COUNTY	STATE
1	(SPECIFY) Cremation		4-12-	87 W	estvi	ew Crematory	Balt			230.417	Md.
	UNERAL DIRECTOR				1050	York Rd. 250 DA	TE REC'D. BY REC	SISTRAR 25	b. REGISTR.	AR'S SIGNAT	
1	Ruck Towson	n Funci	cal How	AOORESS The		A 400	R 1419	87 1	Sin Di	videon . K	andres
1	TOWSO!	i runei	at HOII	LILLO .	- O # O O I	TATAL WITHOUT	11 4 6 5	MI		-	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physical Model completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled within the state death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

death a

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the

retained by the hospital or attending physician.

BP

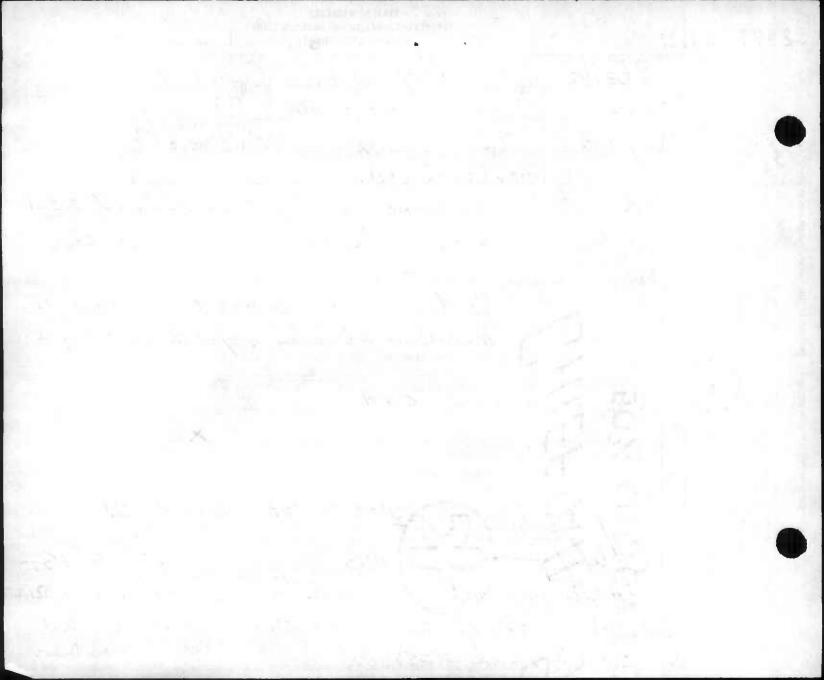
IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical example

within 24 hours ofter death. Page 4 may be

= 4/15

APR 1 A 1997 July 100 A A 1997 J

STATE OF MARYLAND



052004

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH/

0 0	-2	1
UL	6.3	-
REG. NO.		- 10

		CEASED NAME FIRST	MIDDLE		20. DATE OF DEATH MONTH DAY YEAR 26 HOUR					
		Rach	el L. TALLE	Υ		April 27, 1	.987	4:50a M		
	3. SE	1	4 RACE		TE OF BIRTH	6 AGE IN YEARS LAST BIRTH				
	1	Female	White	Se	pt.6 1919 6AR	67	YRS	DAYS HOURS MIN.		
2			76. CITIZEN OF WHAT C	OUNTRY? 8.	8. MARRIED SAVEVER MARRIED 9 BALTIMORE CITY OR COUNT			тн		
3	1	A.	USA	the second second	WED DIVORCED	County	MD.			
-7	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY		AE OR OTHER INSTITUTION	12a USUAL OCCUPATIO		IND OF BUSINESS OR		
/	F	Rossville	Frankli	n Squar	e Hospital	Housewife				
5	13a. S	AL RESIDENCE IN NURSING HOME OR STATE Md. 136 COUR. Bal		lsonPoi				d_21220 _		
27	14. F.A	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME		LAST		
X	P	lonzo	Vau	ghn	==		==			
P.		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SO	ADDRES	S					
6		no		8-03-59	16 TheodoreT	allevSr.13	19Secon	dRd. 21220		
		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	88	APPROXIMATE INTERVAL EWEEN ONSET AND DEATH						
			PARTI. DEATH WAS CAUSED BY: Cardiopulmonary Arrest							
			DUE TO, OR AS A.C	ONSEQUENCE O	F					
		Conditions, if ony, which	(Peri	tonitis,	^f Hypoglycem i a					
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A C	ONSEQUENCED	F					
		underlying couse lost	, (C)		ver Disease					
	NO	PART 2. OTHER SIGNIFICANT C	conditions <u>contribu</u> atic Coma	MINAL DISEASE OR CONDI	TION GIVEN IN PA	ART Ira				
9	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH			TION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED		
X	TIF					YES NO X	YES [AUSES OF DEATH?		
2		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR HOUR A.M. MC		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR P.	ART 2)		
	CAL	OR CONTRIBUTING CAUSE OF DEA			9					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJU		211 LOCATION	CITY OR TOW	v coul	NTY STATE		
	>	AT WORK NOT WHILE AT WORK	The traine, state, the cre	MI, OFFICE, FARM, ETC						
		22a.1 certify that (4) (this hospit	A	ed from Apr	il 26 19_87	to_April 2	7, 19_87	, that (# (we) fast		
		sow the deceosed alive an obove, (4) (we) (did) (did no) view the body ofter de-		, and that in (my) (our) opinion	deoth occurred on the dote	e ond hour ond fro	m the couses stoted		
		22b. SIGNATURE	mo	rh0	DEGREE			DATE SIGNED		
1		SWIT	RPS100	- dive	endsur PHYSICIAN	MEDICAL STAFF	NO 4	127/8/		
1		22d. PHYSICIAN'S NAME TTYPE O		M D	22e. ADDRESS	nullin Ca Du	21227			
1		Mark	Swierdsiol,			anklin Sq. Dr	., 21237			
		SPECIFY) Burial	23b. DATE 4/30/8	7 Mead	owridge	23d LOCATION CITY OR TOWN	Ba TWW	. Mary'l'and		
	24 FI	JNERAL DIRECTOR	1 -/ 00/0			TE REC'D. BY REGISTRAR 25		-		
34		NAME	1110mg 2001	ADDRESS			W. KEGISTKAK S SI	GNATURE		
	CC	nnellyFunera	THOME 300	MaceAve	· 21221 A	PR 2 8 1987	Andrew Aller			
						0	Industry	Assess Market		

DHMH - 16 60M 7/84 (VRA 15, 4)

ID FULLEIAL DIRECTOR: After this certificate has

MAPORTANT: If them 21 is morked or them 18 shows ony injury, or other traumatic event, the That de detached for use as the burial-transit permit. Then please remaye carban pape — The Brate Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol

and the same of th

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

			1
0	Sice.	5	6
REG.	NO.		

1. DEC	EASED NAME FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOU	ID
	William William	ı F	rederick	Tap	king, Jr.		TO THE OF BEATT	04 14		11:27	
3. SEX		4. RACE	reder reit	5. DATE	OF BIRTH		6 AGE (IN YEARS LAST 8	<u> </u>	IF UNDER I YEAR	IF UNDER	
1	Male	White		7-1	-1890°	YEAR	96	YRS.	MONTHS DAYS	HOURS	MIN
7a. BIR	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.			9. BALTIMORE CITY		Y OF DEATH		
C	Md.	U.S.A		WIDOW	D NEVERMAR		Baltimore	County			M
10 CIT	Y OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME			12a USUAL OCCUPA	TION	12b. KIND O	F BUSINE	
	Towson	Greater E	Baltimore Me	edical	Center		Ret. Inst				
13a S	IL RESIDENCE (IF NURSING HOME O TATE NB. COU	R OTHER INSTITUTION.	13c. CITY OR TOW		13d. INSIDE CITY	LIMITS?	136.STREET ADDRESS 2822 Rosali	/ ZIP COD	Balto.MD.	2121	4
M FA	THER'S NAME				15 MOTHER'S MA	_	\E				-
	William F. Ta	apking,	Sr. IAST		Annie	М.	Erdman		ŁAS	T	
16a W	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADD	RESS	2109	3	
(1)	NO (IF YES, GI	IVE WAR OR GATES)	214-36-9	972	Anna M.	Mouls	dale, 421	Fox (Chapel D	r.	
	18 CAUSE OF DEATH (Enter o	nly one couse per	line for (a), (b), one	d (c).)		1			APPROXI BETWEEN C	MATE INTER	VAL
- 1	PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	Sever	e	2 sugar	450	ma.				
CERTIFICATION	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION		ONTRIBUTING TO E				NAL DISEASE OR COI	20b. IF YE	VEN IN PART TO	GS USE	H?
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	21b. TIME O HOUR A.	FINJURY M. MONTH DA	YEAR	21c. HOW INJUR	Y OCCURRE	ED (ENTER NATURE OF IN	URY IN ITEM 18	PART I OR PART 2)		
MEDICAL	LIFEITHER NOTIFY MEDICAL EXAMINE	P. PLACE		19	211 LOCATION						
ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	ARM ETC)	STREET		CITY OR 1	OWN	COUNTY	5	TATE
	22a. certify that (I) (this hasp	oital) attended th	e deceased from	7-	1-	08%	10 4-	14	1087	that (I) (v	va) la
	sow the deceased alive a	4-	14 195	25.0	nd that in (my) (ou) opinion d	eoth accurred on the	dote and ho	,		
	above, (l) (we) (did) (did no 17h SIGNATURE	ot) view the bady	ofter death.		DEGREE			_	27s. DATE	SIGNED	
	MICO	Shula	dim		ATTE	NDING A	MEDICAL STA	CIANCI	4-	16-0	8
	274 PHYSICIAN'S NAME ITHE	Cit Hiller!			22+ ADDRESS	- 4		20110			
	Abodlhamid Ghila	di, M.D.			7600 Os	ler Dri	ve, Suite 11	1			
23a. Bl	URIAL, CREMATION, REMOVAL		23c N	IAME OF	EMETERY OR CREA		23d LOCATION	-			
(5	Burial	4-18-	87 (Green	Mount		Balto.	Md.	COUNTY		TATE
	NERAL DIRECTOR					250 DATE	REC'D. BY REGISTRA	R 25h REGIS	TRAR'S SIGNAT	TRE	-
L	eonard J. Ruck	, Inc.,5	305 Harfo	ord R	d.	I AP	R 2 0 1987	Julia	Davidson-K	andal	

DHMH - 16 60M 7/8

IMPORTANT: If Item 21 is marked or Item 18 shows any injury TO FUNERAL DIRECTOR, After this certificate has been should be detached for use as the buriol-transit permit. I with the State Dept. of Health and Mental Hygiene prior.

(VRA 15, 4)

There is not the affective and A the matter of the second
The parties and the Travers' Subgre-

A CALL TO THE CONTRACT OF THE CALL THE

APPROXIMATE INTERVAL DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinian death occurred on the date and haur and from the causes stated 221. DAJE SIGNED DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery Baltimore, Maryland BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Joseph N. Zannino, 263 500 Conkling

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26 HOUR

126. KIND OF BUSINESS OR

fürrier

1:10 A

IF UNDER 24 HRS

1987

IF UNDER 1 YEAR

INDUSTRY

Adams

21220

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

REGISTRAR

- STATE

Joseph J. Landing, 2 3 CC 2022

STATE OF MARYLAND

				1
ì	0	Surent.	4. 3	U
·	REG.	NO.		

	1 -	STATE REGISTRAR			CERTI	FICATE OF DEATH	REG. N	O.		
0332AP		EASED NAME FIRS	ST	MIDDLE		LAST	20. DATE OF DEATH	MONTH [DAY YEAR	26 HOUR
G A	13	2 1 1	IZABET	COO	K T	AYLOR		4 12		7:05%
ector. pc	3. SEX	Female	4. RA	White		OF 8 IRTH y 26, 1918	6 AGE (IN YEARS LAST BIR		MONTHS DAYS	HOURS MIN.
Pos is alie		THPLACE (STATE OR FOREIG	7b. CI	TIZEN OF WHAT C	OUNTRY? 8	ED NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
nero in 72	17	New York		U.SA	WIDOV	VED DIVORCED	BALTIMORE	COUNT	TY	M
s ofter d	5	Y OR TOWN OF DEATH	(8	F NOT IN SUCH FACILITY.	L, NURSING HOME GIVE STREET ADDRESS)	OR OTHER INSTITUTION MEDICAL CENTER	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O SOCIAL WOT	OF WORKING LIFE	E) INDUSTRY	of Md.
filled in Sold b	13a. S	TATE SIDENCE (IF NURSING WELL)	OME OR OTHER COUNTY	INSTITUTION, GIVE RESIDENT I St. CIT	DENCE BEFORE ADMISSION Y QR TOWN timore	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE Lake	Ave. 21	.212
impletely and 2 sk		THER'S NAME ctram Benjami	in Rob	ert Cook	LAST	15. MOTHER'S MAIDEN NAME Emma	Josephi	.ne	VanVal	kenburg
cion and coers. Poges	16a W	AS DECEASED EVER IN U.	.S. ARMED F	20.047551	CIAL SECURITY NO. 3-03-2852	Gertrude C.	Terman 616		r Dr.Fa	22046 11sChur
g pl g pl rem rem:		18 CAUSE OF DEATH (En PART I. DEATH WAS C	EDIATE CAL		diac fail	ure				
equires that the death certify in signer by the after ding plants are also been remained by the injury, at other transmistic even injury, at other transmistic even	NOI	Conditions, if any, whi gove rise to immedia couse to), stating t underlying cause la	ich ote he D	USE (0) Car OUE TO, OR AS A C (b) Ren OUE TO, OR AS A C	diac fail: CONSEQUENCE OF al failur CONSEQUENCE OF		INAL DISEASE OR CON	IDITION GIV	ZEN IN PART 11	a
he law requires that the death of an about the strength of a permit. Then prove the prior of a permit of a permit of burner community, an ather realment of a persony injury, an ather realment.	TIFICATION	Conditions, if any, whi gove rise to immedia couse to), stating t underlying cause la	ich (ble bist.)	USE (0) Car OUE TO, OR AS A C (b) Ren OUE TO, OR AS A C (c) ITIONS CONTRIBU	diac tail CONSEQUENCE OF al failur CONSEQUENCE OF UTING TO DEATH BU	е	INAL DISEASE OR CON 20a AUTOPSY? YES X NO	20b. IF YES	EN IN PART II	NGS USED
AN: The law requires that the death of hysicion. Itcote has been signe, by the after districts permit. Then plant is remarked, per Hygiene prior to burior exemution or 18 shows ony injury, an auther naturalist.	CAL CERTIFICATION	Conditions, if any, whi gove rise to immedia couse (a), stating t underlying cause la	ANT COND	USE (O) CAR OUE TO, OR AS A C (b) Ren OUE TO, OR AS A C (c) ITIONS CONTRIBL OB CONDITION FO	diac fail: CONSEQUENCE OF al failur CONSEQUENCE OF UTING TO DEATH BU OR WHICH OPERATI	E ON WAS PERFORMED 216. HOW INJURY OCCURE	200 AUTOPSY? YES X NO	20b. IF YES IN CERTIF YES	S, WERE FINDING CAUSES	NGS USED S OF DEATH?
HYSICIAN: The low requires that the death of adming physicion. Institutions has been signed by the attending buriol-transit permit. Then plant is exertified by Mental Hygiene prior to buriod strengton on them. Is shows any injury, an auther naturalist.	MEDICAL CERTIFICATION	Conditions, if any, whi gove rise to immedia couse (a), stating t underlying cause la PART 2. OTHER SIGNIFIC	ANT COND I OF DEATH AMINER)	DUE TO, OR AS A C (b) Ren DUE TO, OR AS A C (c) ITIONS CONTRIBL 1b TIME OF INJUR HOUR A.M. MC P.M. 1e PLACE OF INJUR	diac tail CONSEQUENCE OF Al failur CONSEQUENCE OF DING TO DEATH BL DR WHICH OPERATI Y DNTH DAY YEAR 19	E ON WAS PERFORMED 216. HOW INJURY OCCURE	200 AUTOPSY? YES X NO	20b. IF YES IN CERTIF YES	S, WERE FINDING CAUSES	NGS USED S OF DEATH?
ATTENDING PHYSICIAN: The law requires that the death ospital or otherding physicion. ECTOR, After this certificate has been signed by the after did for use as the burial-transit permit. Then plant is recommended to the other hand Mental Hygiene prior to burial strength and Mental Babaws any injury, an attheir naturalist many at 1 is marked on them.		Conditions, if any, whis gove rise to immedia couse (al), stating to underlying cause la PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX 21d INJURY OCCURRED WHILE AT WORK NOTIFY MEDICALEX AT WORK 22a. I certify that (1) (this sow the deceased of books, (1) (we) (did) (c)	ANT COND I OF DEATH AMINER) Anspiral) of live on	USE (O) CAT DUE TO, OR AS A C (b) Ren DUE TO, OR AS A C (c) ITIONS CONTRIBL B. TIME OF INJUR HOUR A.M. MC P.M. Le PLACE OF INJU AT HOME, STREET, FACTO LITERATED THE MEDICAL CONTRIBL LITERATED THE MEDICAL CONTRIBLE	diac tail CONSEQUENCE OF al failur CONSEQUENCE OF DING TO DEATH BL DR WHICH OPERATI Y DNTH DAY YEAR RY DRY, OFFICE, FARM, ETC.) sed from 37	ON WAS PERFORMED 216. HOW INJURY OCCURE 211 LOCATION STREET 28 19 87 and that in (my) (aur) opinion	200 AUTOPSY? YES NO CENTER NATURE OF INJU CITY OR TO , to 4/12	20b. IF YES IN CERTIF' YES JRY IN ITEM 18 P.	COUNTY	NGS USED OF DEATH? NO STATE that (It (we) lo: couses stated
IL OR ATTENDING PHYSICIAN: The low requires that the death of the hospital or ottending physician. L DIRECTOR: After this certificate has been signed by the attending stacked for use as the burial-transit permit. Then plant the burial-transit permit. Then plant expenses to the burial-transit permit. Then plant expenses to the plant of Health and Mental Hygiene prior to burial committen or if them 21 is marked online.		Conditions, if any, whise gove rise to immedia couse (a), stating to underlying cause la couse (b) PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICALEX (IF EITHER NOTIFY MEDICALEX AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK (b) (b) (c) (d) (c) (c) (c) (c) (c) (d) (c) (c) (c) (d) (c) (d) (c) (d) (c) (d) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ANT COND I OF DEATH AMINER) AMINER I I I I I I I I I I I I I	DUE TO, OR AS A C (b) Ren DUE TO, OR AS A C (c) ITIONS CONTRIBL 15 TIME OF INJUR HOUR A.M. MC P.M. 16 PLACE OF INJUR AT HOME, STREET, FACTO 14 / 12 16 the body after de	diac tail CONSEQUENCE OF al failur CONSEQUENCE OF DING TO DEATH BL DR WHICH OPERATI Y DNTH DAY YEAR RY DRY, OFFICE, FARM, ETC.) sed from 37	ON WAS PERFORMED 21c. HOW INJURY OCCURE 211 LOCATION STREET 28 , 19 87 and that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CENTER NATURE OF INJU CITY OR TO , to 4/12	20b. IF YES IN CERTIF! YES UNITED THE TEM TO THE TEM T	S, WERE FIND IN YING CAUSES S TART I OR PART 71 (OUNTY	NGS USED OF DEATH? NO STATE that (II (we) lose couses stated
VITAL OR ATTENDING PHYSICIAN: The low requires that the death of by the hospital or otherding physicion. ERAL DIRECTOR: After this certificate has been signed by the attending edetoched for use as the build-transit permit. Then plant edetoched for use os the build-transit permit. Then plant edetoched for use os the build-transit permit. Then plant edetoched for use os the build-transit permit. Then plant edetoched for use os the build-transit permit. State Dept. of Health and Mental Hygiene prior to burier committee attending to the plant edetoched for the plant edetoched f	MEDICAL	Conditions, if any, whis gove rise to immedia couse to stating it underlying couse to PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX 21d INJURY OCCURRED AT WORK AT WOR	ANT COND NG 2 OF DEATH AMINER) 2 (TYPE OR PRINT	USE (O) CAT DUE TO, OR AS A C (b) Ren DUE TO, OR AS A C (c) ITIONS CONTRIBL IN TIME OF INJUR HOUR A.M. MC P.M. ILE PLACE OF INJUR AT HOME, STREET, FACTO AT HOME OF INJUR HENDED OF INJUR AT HOME, STREET, FACTO AT HENDED OF INJUR REN REN REN REN REN REN REN R	diac tail CONSEQUENCE OF al failur CONSEQUENCE OF DING TO DEATH BU DR WHICH OPERATI Y DNTH DAY YEAR 19 RY DRY, OFFICE, FARM, ETC.) Sed from 37 ath.	TNOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCURF 211 LOCATION STREET 28 , 19 87 and that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN [22e. ADDRESS 6701 N. Char	200 AUTOPSY? YES NO CONTROL NO CONTROL CONTROL STANDED KAL DIRECTOR PHYSIC	20b. IF YES IN CERTIF YES IN CERTIFORM 18 P. DWN Cate and hour	COUNTY 19.87 19.00 from the	NGS USED OF DEATH? NO STATE that (II (we) los couses stated SIGNED 3/87
IL OR ATTENDING PHYSICIAN: The low requires that the death of the hospital or ottending physician. L DIRECTOR: After this certificate has been signed by the attending stacked for use as the burial-transit permit. Then plant the burial-transit permit. Then plant expenses to the burial-transit permit. Then plant expenses to the plant of Health and Mental Hygiene prior to burial committen or if them 21 is marked online.	WEDICAL ASSOCIATION OF THE PROPERTY OF THE PRO	Conditions, if any, whis gove rise to immedia couse to 1, stating to underlying couse to 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COUNTRIBUTING CAUSE (IF EITHER NOTHY-MEDICALEX AT WORK NOTHY MEDICALEX AT WORK NOTHY MEDICALEX AT WORK 22a. I certify that (1) (this saw the deceased all above, (1) (we) (did) (c. 22b. SIGNATURE 22d. PHYSICIAN'S NAME	ANT COND NG 2 OF DEATH AMINER) Type on view WALTER OVAL 23b	USE (O) Car DUE TO, OR AS A C (b) Ren DUE TO, OR AS A C (c) ITIONS CONTRIBL IN TIME OF INJUR HOUR A.M. MC P.M. ILE PLACE OF INJUR AT HOME, STREET, FACTO IN THE HOOKE STREET, FACTO IT HOME OF INJUR THE HOME OF INJ	diac tail CONSEQUENCE OF al failur CONSEQUENCE OF DING TO DEATH BU DR WHICH OPERATI Y DNTH DAY YEAR 19 RY DRY, OFFICE, FARM, ETC.) Sed from 37 ath.	TNOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCURF 211. LOCATION STREET 28 , 19 87 and that in (my) (aur.) opinion DEGREE ATTENDING PHYSICIAN [226. ADDRESS 6701 N. Char CEMETERY OR CREMATORY	200 AUTOPSY? YES NO CONTROL NATURE OF INJU CITY OR TO , to 4/12 death accurred an the d MEDICAL STA DIRECTOR PHYSIO	20b. IF YES IN CERTIFY YES IN CERTIFY YES	COUNTY 19 87 19 87 19 87 19 87 19 87 19 87 19 0n MD 2	NGS USED OF DEATH? NO STATE that (II (we) los couses stated SIGNED 3/87

4/16 Store Lava and Lava Store Contract to the Store Contract to Service Court and Promote and Service and American Americ

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	7	feet.	
REG.	NO.		

111,	CKEGISTKAK		-	9,	* REG. N	0.			
	ECEASED NAME FIRST PE OR PRINT)	MIDDLE	L/	ST	20 DATE OF DEATH		DAY YEAR	2b HOUR	
\perp	RICHA					4 09	87	7.5 /PM	
3. SI	MALE	4. RACE WHITE	S. DATE O		6 AGE (IN YEARS LAST 816	YRS.	MONTHS DAYS	IF UNDER 24 HRS	
7a. 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH		
1/	Md.	USA	WIDOWE		BALTIMO	RF CC	JUNTY -	MD	
70.0	TOWSON	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE ST JOSEPHS	ET ADDRESS]		(TYPE OF WORK FOR MOST O		FE) INDUSTRY	Jail	
	UAL RESIDENCE (IF NURS HIS ONLOWED STATE MD	OTHER INSTITUTION, GIVE RESIDENCE BEFO 13c. CITY OR TO BALTII	WN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e.STREET ADDRESS	/ ZIP CODE	E	E 21206	
14. F	FATHER'S NAME Richard	Taylor Taylor	NE E	IS MOTHER'S MAIDEN NAM Katherine	AE MIODLE		May	ST.	
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SEC EWAR OR DATES) 216-20-		17. INFORMANT William E. Ta	vlor.7805		Ave. 2	1934	
CERTIFICATION	PART 2. OTHER SIGNIFICANT O	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 198. CONDITION FOR WHICE	D DEATH BUT		MINAL DISEASE OR CONDITION GIVEN IN PART 110 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED				
RTIFIC					YES NO	YE	FYING CAUSES	NO [
MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (FEITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OC CURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER NOTIFY NOTIFY MEDICAL EXAMINER NOTIFY NO	HOUR A.M. MONTH	19	216. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU		COUNTY	STATE	
		tol) ottended the deceosed from	87.00	d that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN D	, to	lote and hou			
23a.	22d PHYSICIAN'S NAME (14PE O EBRAHIN BURIAL, CREMATION, REMOVAL	1 IPAK CALL	C. NAME OF C	220 ADDRESS 740/ O	SCER S 123d LOCATION	nio	07	iroy	
	Burial	4-13-87		Redeemer	Balto.		COUNTY	STATE	
	FUNERAL DIRECTOR Leonard J. Ruck,	Inc.,5305 Har	ford Rd		REC'D. BY REGISTRAN	M R	TRAR'S SIGNAT	ure	

DHMH - 16 60M 7/84 (VRA 15, 4)

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First and made for purpose a smilling difference its

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physician and co

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, on

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DHMH - 16 60M 7/84 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Q REG.	NO.	log	Z
KLO.	140.		

REGISTRAR				CENTILI	CALL OF DEATIN		REG. N	Ю.		
(TYPE OR PRINT)	FIRST	٨	AIDDLE	L	NST		20. DATE OF DEATH	MONTH [DAY YEAR	2b. HOUR
	Walter	Frankl	in TAYL	OR			April 13,	1987		6:00A
3. SEX		4 RACE		5. DATE O		6	AGE (IN YEARS LAST BIE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male		White		Janu	ary 3, 192	7	60	YRS	MONTHS DAYS	HOURS MIN.
a. BIRTHPLACE (STA			WHAT COUNTRY?	8.	NEVER MARRIED	□ ⁹	BALTIMORE CITY	OR COUNTY	OF DEATH	
Vi	rginia	USA		WIDOWE			Baltimore	County	/	M
0. CITY OR TOWN O	DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION		120. USUAL OCCUPAT			OF BUSINESS OF
Rossville		Frankl	in Square	e Hosp	ital		Mechanic			ire Cor
USUAL RESIDENCE (1	NURSING HOME OF	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS	5?	3e.STREET ADDRESS	/ ZIP CODE		
Marylan	d Ba	ltimore	Dunda 13	2	YES NO 🔀		4209 Old	North	Point	Road21
14. FATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN	IMAMI	E MIDDLE		LA	ST
Robert		ranklin	Taylor		Bertha		Mae			ncan
68. WAS DECEASED (YES, NO OR UNKNOW		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDR	ESS		
Yes	WW	II	212-22-9	9577	Cyrethia	I.	Taylor S	ame as		(IMATE INTERVAL ONSET AND DEATH
PART 2. OTHER	significant cellula	conditions co r Cancer	1	Pneumo	onia NOT RELATED TO THE T	TERMIN	NAL DISEASE OR CON		EN IN PART 1	
TIFIC				OFERATIO			YES NOTE	IN CERTIF	YING CAUSES	OF DEATH?
OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.	m. Month da m.	Y YEAR	21c. HOW INJURY OC	CURRE	D (ENTER NATURE OF INJU	JRY IN ITEM 18 P	ART I OR PART 2)	
AALITE L	OT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TO	NWC	COUNTY	STATE
22a I certify the	ve) (did) (d	April	e deceased fram		d that in (my) (aur) apin		, to April 1 cath occurred on the d			/
22d. PHYSICIAN	(fred	PRINTI	0		PHYSICIA 22e. ADDRESS	N 🗌	DIRECTOR PHYSIC	CIAN	7//	3/89
	et Wyma	/				kli	n Square D	rive,	21237	
23a. BURIAL, CREMAT	ON, REMOVAL	23b. DATE	23c. N	IAME OF C	METERY OR CREMATO	ORY	23d LOCATION		COUNTY	STATE
Bur	ial	4-16	-87 02	ak Law			Baltim	ore. M	ÍD.	
24. FUNERAL DIRECTO	Duda-	Ruck Fun	eral		T.e.	DATE	REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNA	
			. Dundall			APh	7 1 5 1987	Maia 1	sordion.	andres.

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FOR STATE

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certificate be executed within 24 haurs after death. Page

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

albeo no h	Attenty 3 Followder MO	
REG. NO.	sold Roger A consider	

11 1	, J / REGISTRA	AR			CERTIF	TCATE OF DEATH	RE	G. NO.		1
	1. DECEASED NA	AME FIRST	-	MIDDLE	-		20. DATE OF DEA	нтиом Н	DAY YEAR	2b. HOUR
	(TYPE OR PRINT)	Robert	Bruce	Thomas	1 1 + -	1	Appr	il 11 1987	7	5.201
1	3 SEX	TOD OL S	4. RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS L		IF UNDER I YEAR	IF UNDER 24 HR
	Male		Caucas	ian	MONT	7 13 1902 YEAR	84		MONTHS DAYS	HOURS MIN
		(STATE OR FOREIGN		WHAT COUNTRY?			9 BALTIMORE CI	YRS.	OFDEATH	
2.5	COUNTRY)			William Coolination	MARRIE	D NEVER MARRIED	Poltima	re County	OI DEATH.	
-	Marylan		U.S.A.	MOCDITAL MILIDGIA	WIDOWI	DR OTHER INSTITUTION	12a USUAL OCCL		Tini Kinin	OF BUSINESS O
5	Randall.	stown	Baltim	ore County	General			OST OF WORKING LIF	E) INDUSTRY	s Distler
35	USUAL RESIDEN 130. STATE Marylan	13b CC		GIVE RESIDENCE BEFOR 131. CITY OR TOW Rancall	VN	13d. INSIDE CITY LIMITS?	Apt 13e.Steer Appr 9715 Brz	103 ESS / ZIP CODE Inchleigh	Road	21133
0	14. FATHER'S NA FIRS Robert	B. Thomas	WIDDLE	LAST		15. MOTHER'S MAIDEN I		DIE	1A	ST
7		SED EVER IN U.S.		16b SOCIAL SECU	JRITY NO.	17 INFORMSAN DOLOT				21133
1	YES, NO OR UN		GIVE WAR OR DATES) KNOWN	218-07-	-6534	9715 Branc	hleigh Road	Randall	stown	Maryland
9	gave ris cause (underlyin		t conditions <u>c</u>		DE ATH BUT	NOT RELATED TO THE TE	20a AUTOPSY?	20b. IF YES	6, WERE FINDI	NGS USED S OF DEATH?
0	Zia. ACCIDI	NT WAS UNDERLYING	110110	OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCC	JRRED (ENTER NATURE O			NO []
4	OR CONTRA	BUTING CAUSE OF NOTIFY MEDICAL EXAMI	DEATH	.м.	19					
1	(IF EITHER, 21d, INJUR	YOCCURRED		OF INJURY REET, FACTORY, OFFICE, F	FARM FIC)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	AT WORK	NOT WHILE			1.	~		. 11	()	
9	saw 1	he deceased alive	an	19	87.0	nd that in (my) (aur) apıni	on death occurred an	he date and have		that (I) (we) lo
14	22b. SIGN		not) view the body	p death.		DEGREE		7	22c. DATE	SIGNED
		20,00°	20 DEN	Pices		ATTENDING PHYSICIAN		STAFF IYSICIAN	4.	11.87.
7	A.	CIAN'S NAME (TY)	- 0	NDA R	Ao	BALT (OUNTY	GNL 1	Hos fo	tol.
		MATION, REMOV	1		NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION			
	(SPECIFY) B	urial	4/14/8	37	New Ca	athedral Cemeter	y Baltin	rôme (COUNTY	Maryllan
. 1	24 FUNERAL DIE	ECTOR TOP		uneral Dir	ectors	Inc. 250 D	ATE REC'D. BY REGIS	RAR 156 REGIST	RAR'S SIGNA	URE-
84	8728 T.	herty Roed	Randallstr	wn, Maryla	nd 2113	33 A	PR 14 1987	Julia Di	cordern . R	andallo
	UIZU L	DATE VILLAGE	· A CALLANDINA CA					C #		-

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

BP.

Entry Section of Association (Company of Company of Com

ral director, page 3

event, the medical

ing physicion and rbon popers. Pages

TO FUNERAL DIRECTOR. After this certificate has been signed should be detached for use as the burial-transit permit. This is with the State Dept. of Health and Mental Hygiene prior to with The State Dept. is Marked or Item 18 shows any injury.

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

death. Page 4 may be

STATE OF MARYLAND

0	1 3	10	0.1
REG.	2150-9	-	-
REG.	NO.		

0	1.	FOR STATE REGISTRAR		DEPARTA		REALTH AND MENTAL HYG	IENE Q	2 4 4	4	
		CEASED NAME FIRST Kyle	N	NIDDLE		HOMP SON	20 DATE OF DEATH April 1,	1987	YEAR 2	1:25 Pu
	3. SE	x Male	4. RACE Whit	e	S. DATE (6 AGE (IN YEARS LAST BIR	MONTH		HOURS MIN.
5	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		VHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED 1	Baltimore City o		EATH	MD.
6	0 C	Towson	11. NAME OF H	OSPITAL, NURSIN	G HOME (DR OTHER INSTITUTION lical Center	12a USUAL OCCUPATI (1YPE OF WORK FOR MOST O None	ON 128	None	BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136, COUR	OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS			225
2	2	ATHER'S NAME FIRST Richard	MIDDLE	Thomps		15. MOTHER'S MAIDEN NAM	WIDDIE		Pru	ett
2		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES?	None	RITY NO.	Sherman Prue	addre .	Same as	13e	
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	ly one couse per DBY:			lungs and ren	al agenesis		APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (36 Weeks p.)	PART Iro							
1	CERTIFICATION	19a. DATE OF OPERATION		196. CONDITION FOR WHICH OPERATION		N WAS PERFORMED			, WERE FINDINGS USED YING CAUSES OF DEATH?	
/		21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR		RY IN ITEM 18 PART I O	RPART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	71e. PLACE C	OF INJURY SET, FACTORY, OFFICE, FA	ARM, ETC)	216 LOCATION STREET	CITY OR TO	WN CO	OUNIY	STATE
		saw the deceased olive an above, (I) (we) (did) (did) no		4/1 19	87,0	4/1 , 19 87 and that in (my) (our) opinion d	, to leath occurred on the do	4/1 . 19 <u>8</u> ste and hour and	. 1110	ot (I) (we) lost uses stated
		27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								GNED 7
		22d PHYSICIAN'S NAME (TYPE OF Rudiger Br		er, M.D.		6701 N. Charl	les St. Ba	1timore	MD 2	21204
	-	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 4/6/8			emetery or crematory ven Mem Park	23d LOCATION CITY OF TOWN Glen Bt	ırnie	Ä.A.	Md
	-	uneral director	4001 Ri	tchie Hg	wy Ba	alto Md AP	R - 9 1987	Gulia Den		RE.

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may be

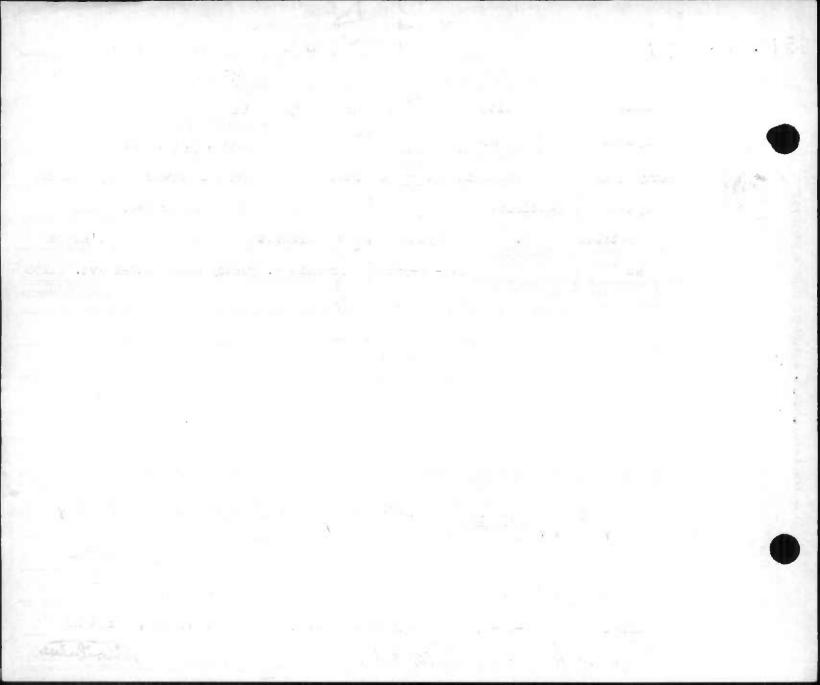
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENI

FOR STATE STATE			DEPART		ICATE OF DEATH	GIENE	b. NO.	•		
T. DECEASED NAME (TYPE OR PRINT)	FIRST	ary A. I	ORMEY	L	AST	20 DATE OF DEATH MONTH DAY YEAR 25. HOU April 17, 1987 11:00				
3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 HRS	
Female		White 80NTH			16 16 25	61	YRS	MONTHS DAYS	HOURS MIN	
70. BIRTHPLACE (STATE Maryland	OR FOREIGN	76 CITIZEN OF US.	what country? A	8 MARRIE WIDOWE	D X NEVER MARRIED DIVORCED D	9 BALTIMORE CI	ty <u>or</u> county ore Cour			
Rossville	DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET Lin Squat	ADDRESS)	or other institution spital		IPATION NOST OF WORKING LIFE Worker	E) INDUSTRY	of Business o Pederal	
USUAL RESIDENCE (# 130. STATE Maryland	13b COU	other institution NTY timore	GIVE RESIDENCE BEFOR		136 INSIDE CITY LIMITS? YES NO X	13e STREET ADDR 4206 No	ess/zipcode	e. 2123	36	
14. FATHER'S NAME Patri	ck	MIDDLE F.	Lyon	ns	15 MOTHER'S MAIDEN NA		DIE	O f I	Keefe	
160. WAS DECEASED E	(IF YES, GN	MED FORCES? (E WAR OR DATES)	166. SOCIAL SECU 212-22-		Francis E		DDRESS 4206 Nec	ker Ave	e. 21236	
	immediate ating the use last.	(b)_E DUE TO, OI	R AS A CONSEQUEND—STAGE R AS A CONSEQUENTIFIED TO THE PROPERTY OF THE PROPERT	e Lym	phoma	AINAL DISEASE OR	CONDITION GIV	EN IN PART 1	a)	
19a DATE OF OPE	RATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIF	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)			
OR CONTRIBUTING	CAUSE OF DE	HOUR A.	E OF INJURY A.M. MONTH DAY YEAR P.M. 19			RED (ENTER NATURE O	FINJURY IN ITEM 18 P	ART I OR PART 2)		
AT WORK	WORK		REET, FACTORY, OFFICE, I		21f LOCATION STREET	CITY	ORTOWN	COUNTY	STATE	
22a. I certify tha	(this hasp eased alive on e) (did) (all in	tal attended the April 1	e deceased fram 17, 198	_	id that in (M) (aur) apinian	, to April death accurred an	the date and have			
Joly	giraush				M. O. ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN	4-17		
Julie		s, M.D.			9000 Frankl	in Square	Drive,	21237		
23a. BURIAL, CREMATIC	N, REMOVAL	23b. DATE			emetery or Crematory	23d. LOCATION CITY OR TOS Ba.	Itimore,	Maryla	and STATE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SICHAPUNE.



1	FOR - STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLA TEALTH AND I	MENTAL HYG	SIENE	re G N	0.2 4	6	
(TYP	CEASED NAME E OR PRINT)	AZE	<u></u>	MAY	TRI	ACY		20. DATE O		MONTH DA	3 87	26 HOUR 6.25Am
3SE	Female		White		S. DATE O	OAY	1905	8		YRS.	ONTHS DAYS	HOURS MIN.
2	IRTHPLACE (STATE OR FICE COUNTRY) Pennsylvani	ia	1154	VHAT COUNTRY?	8. MARRIE WIDOWE	DA DA	ARRIED		_	Count		MD.
Re	andelstown	B	altimo		L Gene	1 11	inution	2.1	OCCUPATI RK FOR MOST O Lewife	ON F WORKING LIFE)	126. KIND C INDUSTRY	F BUSINESS OR
P	state ennsylvania	N3b, COUNTY Frai	, , .	SIVE RESIDENCE BEFORE 13c. CITY OR TOW Waynes	N	134 INSIDE C	NO 🗌			zip code ain St	reet /	99999
	Unknown			LAST		BLar			iola		Bonne	
	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMEI (1F YES, GIVE WA		181-07-5		Betty t		lotz,	2166	Lonna	ine Av	e.
	PART I. DE ATH W.	H (Enter only o AS CAUSED B IMMEDIATE C	Y:	Acute	dic M.	yo Caro	lial	Ingo	timon	e, MD.	BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, gave rise to imm cause (a), stating underlying cause	nediate g the	(b)	AS A CONSEQUE		e Car	diop	whole	nany	aven	0	
NOIL	PART 2 OTHER SIGN							VINAL DISEAS	SE OR CON	OITION GIVE	N IN PART 10	
CERTIFICATION	190 DATE OF OPERAT			ION FOR WHICH	OPERATIO			200 AUT	NO 🗌	IN CERTIFY YES		
MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR MILE NOT WHI AT WORK AL WOR	AUSE OF DEATH ALEXAMINER)	P.A 21e PLACE C	A. MONTH DA	19	211. LOCATIC STREET	JURY ÖCCÜRI	RED (ENTER N	CITY OR TO		COUNTY	STATE
	220.1 certify that (1) sow the decease (1) (we) (d The SIGNATURE	d olive on	4.1	3 19	/	nd that in (my) DEGREE	(aur) apinion	MEDICAL		F		

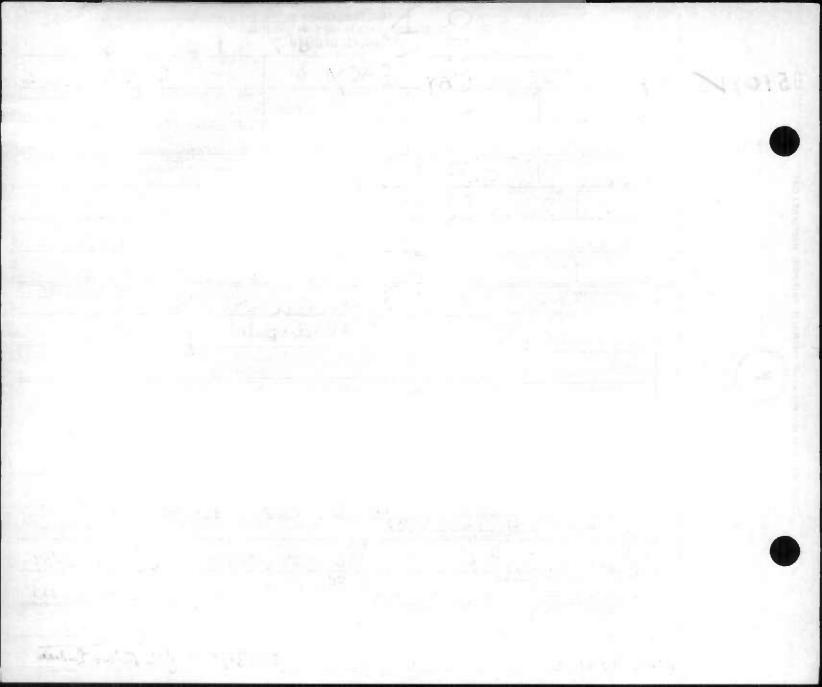
220 ABORESS

DHMH - 16 BOM 7/84 (VRA 15, 4)

Waynesboro, Pa. 17268

Blue Rock Cemetery Blue Rock, Pa. Franklin

Boundaries Bregistran's signature Julia Dirider Rondoll



STATE OF MARYLAND

DEPARTMENT	OFF	HEALTH .	AND	MENTAL	HYGIEN
CE	RTIF	FICATE	OF	DEATH	1

ASG. N	10-	4			
20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	JR
	4	20	87	33	SOXI
6 AGE (IN YEARS LAST B	RTHDAY)	IF UND	ERIYEAR	IF UNDER	24 HRS
	95	MONTHS	DAYS	HOURS	MIN.

STATE

1. DECEASED NAME FIRST	MIDDLE	LAST	1	O DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(SPISE OR PRINT)	el H	Tucker			4	20 87	350X
3. SEX	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	Eucasion	MONTH DAY	1841	2	3 YRS	MONTHS DAYS	HOURS MIN.
TO BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?		MARRIED - 9	BALTIMORE CITY	OR COUNT	Y OF DEATH	
VIRG. CIA	usa		NORCED A	Balto. Co	int		м
HO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			2a USUAL OCCUPAT			F BUSINESS O
Tonson, Md	Saint Jos	eph Nospel	tal	AT HOD		IFE) INDUSTRY	
130. STATE A NIBOLE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE JNTY 136. CITY OR TOW		CITY LIMITS?	3e.STREET ADDRESS	/ 7ID COD	· .	41616
Md	Baltin	-1	NO [3509	KYE	-1	1-
14. FATHER'S NAME	1,0041,711		S MAIDEN NAME		1116	0_ / 1/ -	
FIRST	MIDDLE		FIRST	MIDDLE		LAS	T_
DAVID	H- HITTE	2	LILA	J.		25E	19
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECU	JRITY NO. 17. INFORM.	ANT	ADDR	ESS		
00	318078	8384 FA	mily 1	RECORDS			
18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	anly ane cause per line far (a), (b), and			1 +		BETWEEN	MATE INTERVAL ONSET AND DEATH
	ATE CAUSE (a)	and 10 paln	many 1	mest		100	med
	DUE TO, OR AS A CONSEQUE	ENCE OF	. 0	/	1.	17	
Canditions, if any, which	(4)	Unabi	o to ci	lear secre	tens u	rell	
gove rise to immediate)		-	troke 4	A		
cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ENCE OF 2 74	0100 3	Trone	rige		
	(c)						

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT		
11.0	1 / 1 //					
NIN	NIH		YES NO	YES NO		
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURRE	CENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)		
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	1.1-1				
CONTRACTOR AND	0.44 /// // 10	NIPO				

21e. PLACE OF INJURY 21d INJURY OCCURRED 21f. LOCATION STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22a. I certify that (1) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an abave, (I) (we) (did) (did nat) view the bady after death. and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c. DAJE SIGNED

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 77d. PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS

7620 nane LOCATION CITY OF TOWN 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

the burial-tronsit permit. Then pleos and Mental Hygiene prior to burial.

should be detached for use as the with the State Dept. of Health and APORTANT: If Item 21 is marked

FUNERAL DIRECTOR

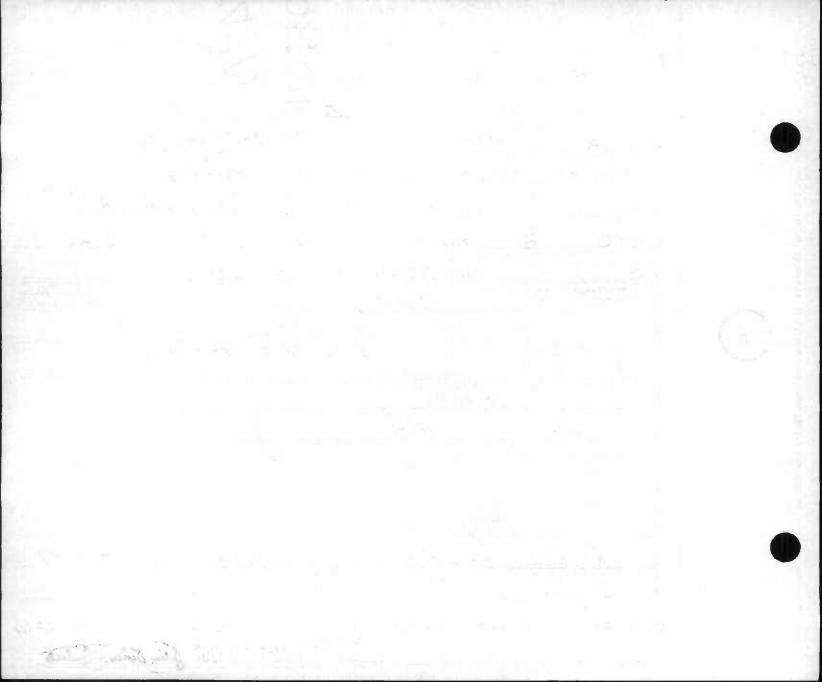
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CERTIFICATION

MEDICAL

FOR - STATE REGISTRAR



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(VRA 15, 4)

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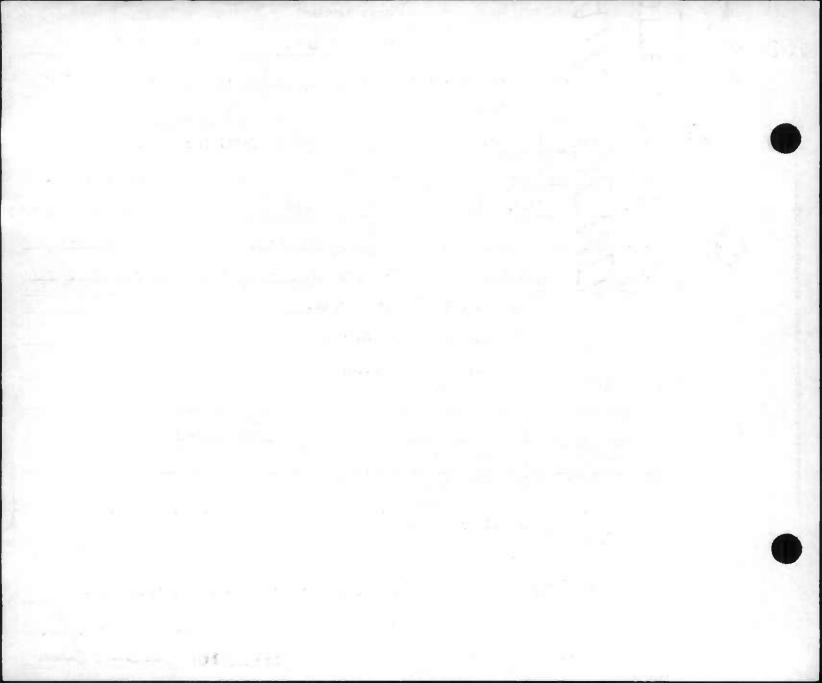
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			100
- 0	23	6	1
REG	. NO.		

100	10	REGISTRAR				CERTI	FICATE OF DEATH /	1	REG. NO.	4 7	
OLO:		CEASED NAME	FIRST		WIDDIE		LAST	2e. DATE O	F DEATH MONTH	DAY YEAR	26 HOUR
	11111	P PRINT	Richar	d Mich	ael TUTI	V S		Apri	7 27, 1987	7	5:50a
	1. SE	X	4	. RACE			OF BIRTH		YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HR
		Male		Whi	te	Ju.		57	YRS		HOUNS MIN
7	a_B	RTHPLACE (STATE OR	OREIGN 7	. CITIZEN OF	WHAT COUNTRY?	8.	DAC NEVER MARRIED	9. BALTIMO	ORE CITY OR COUN	TY OF DEATH	
2,		Marylan	d l	US.	A	WIDOW		Balt	imore Cour	nty	A
2		ITY OR TOWN OF DEA	TH 1	1. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION		OCCUPATION	126. KIND C	OF BUSINESS C
	R	ossville		Fran	klin Sq	iare	Hospital	Ret	ired-Nat	ionalCa	anCo.
1-	⊎5U 13a. :	AL RESIDENCE (IF NURS	ING HOME OF O	THER INSTITUTION			13d. INSIDE CITY LIMITS?		ADDRESS / ZIP CO		
0		Md.	Bal	to.	Middle	River	YES NO T	808	Seneca	Park Ro	oad 21
A	14. FA	THER'S NAME	84	IDDLE	LAST		15. MOTHER'S MAIDEN N	AME	WIDDLE	14	CT
9		Michael			Tutin		Cather	ine	MIDDLE	Wiecio	rek
1		VAS DECEASED EVER			166 SOCIAL SECT	JRITY NO.	17. INFORMANT		ADDRESS	11111111	T.C.IX.
4	(VES. NO OR UNKNOWN)		rean	217-24-	4574	Dorothy Tu	itin 8	RARSenec	aPark Pd	1 2122
	-	18. CAUSE OF DEAT					T DOLOCHY I	ACLII C	JOOSEHEL	APPROX	KIMATÉ INTERVAL ONSET AND DEAT
		PART I. DEATH W	AS CAUSED	BY:			ry Arrest			55,445	ONSET AND DEAT
			IMMEDIATE	C/1000 10/							
		Candiaina 16	1.1	DUE TO, C	ras a conseou Hepato Re	ence of	Failure				
		Conditions, if any, gove rise to imr	nediote				arrare				
	7	cause (a), statir underlying cause		DUE TO, C	Cirrhosis	ENCE OF	ivon				
		DART S OTHER SIGN	UEICANIT CO	(c)			NOT RELATED TO THE TER	A DATE OF THE PARTY OF THE PART	CF OR COLIDITION	CONTRACT OF A	
	N	PART 2 OTHER SIGN	NIFICANT CC	JNDII IONS <u>C</u>	ONTRIBUTING TO	DEATH BU	I NOT RELATED TO THE TERM	MINAL DISEA	SE OR CONDITION	GIVEN IN PART IT	0.
1	CERTIFICATION	19a DATE OF OPERA	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT		YES, WERE FINDI	
X	IFIC							YES 🗆	NO TX IN CER	RTIFYING CAUSES YES	S OF DEATH?
	ERT	21a. ACCIDENT WAS UNE	ERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCCUI				
1		OR CONTRIBUTING				AY YEAR					
	MEDICAL	(IF EITHER, NOTIFY MEDI-			OF INJURY	19	21f LOCATION				
	ME	WHILE NOT WE	ILE		REET, FACTORY, OFFICE,	FARM ETC)	STREET		CITY OR TOWN	COUNTY	STATE
		220.1 certify that (*)		1 1 1 1 1	1 1 1 1 1	Anri	25 1087	. A1	pr11 27	10 87	
		sow the decease			27 19	37	nd that in (my) (our) apinion	, 10			that (# (we) l
		abave, (+) (we) (c	lid) (did not)	view the body	y ofter death			dedili decoii	ed on the dote ond t		
		226. SIGNATURE	()	1	14/		DEGREE ATTENDING	MEDICAL	STAFF	22c. DATE	SIGNED 1
+		16) /	7 "	32120		PHYSICIAN	DIRECTOR	R PHYSICIAN	- 4/	21/8
1		THE PHYSICIAN'S N	WAE THE ON		1	1.1	22e ADDRESS	- 1	1: 0. 0	0100	7
			+	40-Ta	tion.	Ruy	,M.D. 9000	Frank	lin Sq. Dr	r., 21237	/
		BURIAL, CREMATION,	REMOVAL	236 DATE	23ε.	NAME OF	CEMETERY OR CREMATORY	23d. LOC	ATION	I OUNTY	STATE
		Buria		4/30)/87 Hc	11 _{VH}	illCemeters			r Balto	
	24 F	JNERAL DIRECTOR					illCemetery 250 DA	TE REC'D. BY	REGISTRAR 256. REG	ISTRAR'S SIGNAT	TURE
84	C	onnellyFi	nera	Home	ADDRESS				1007 /44		



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-R FILES. HOURS STREET, Catherine R. DEATH MATED Twigg 4-4. RACE IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH 6 AGE (IN YEARS 3 HOUR DATE YEAR YOUR PRONOUNCED 13 74 DEAD 1987 Female White p. M BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDX FOREIGN COUNTRY) U.S.A. Baltimore County, Marvland WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Relay Wash. Blvd. at Howard Co. line Student JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore YES ... 245 1st. Avenue Maryland Lansdowne 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 18 AGOUD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1. NO AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION TO WEATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION TO BUSING MARYLAND, 3120, PRIOR TO BURIAL, CREMATION, OR REMOVAL. Wilkins Twigg Wayne Edward Debra Carol 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 216-84-8793 Wayne E. Twigg 245 1st Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR XXXMONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING 4:12P.M 1987 passenger in auto/auto impact CONTRIBUTING CAUSE OF DEATH ZIF. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY STREET, FACTORY, FARM, ETC.) Wash. Blvd. at Howard Co. line, Baltimore Co., WHILE AT WORK road Maryland Autopsy X 220 I certify that Jaak charge of the remains described above, held on Inspection death resulted from Homicide ____ Natural couses dent Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 4-6-87 EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. Smyth, M.D. (TYPE OR PRINT) 23d LOCATION 23g BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Hyndman

07/84 25M

DHMH - 17 (VR A15 ME (5))

Burial 24 FUNERAL DIRECTOR

4/9/87

Hyndman Cemetery

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

APR - 8 1987

Bedford

Julia Davidson-Randala

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

1	FOR 1 - STATE 2 REGISTRAR				EALTH AND MENTAL HYG	IENE ! Q	NO NO				
f	DECEASED NAME FIRST		MIDDLE	i.	AST	20. DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR		
l.	William William		V	IRGI	LIO	April 14, 1987 4:27 pm					
3	. SEX	4 RACE	5	DATEC		6 AGE (IN YEARS LA	ST BIRTHD AY)	IF UNDER 1 YEAR		1100	
L	Male	White		Febr	ruary 2, 1916	71	YRS	MONTHS DAYS	HOURS M	NIN.	
7	a. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	AA A PRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
L	New York	USA		WIDOWE							
1	O. CITY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION	12a USUAL OCCU (TYPE OF WORK FOR M	PATION	12b. KIND	OF BUSINESS	OR	
L	Rossville		in Square		ital	Self Emp	loyed	Dry C	leaner		
1	3a. STATE 13b. COU	NTY	13t. CITY OR TOWN	,	13d. INSIDE CITY LIMITS?	13e.STREET ADDRI					
Ļ		ltimore	Dundalk	2	YES NO X	1949 M	ldland	Road	21222	2	
ľ	4 FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM FIRST	ME MIDE	HE	Į,A	ST		
)	Vito		Virgilio		Ripalta			Cionqu	epalma		
1	60 WAS DECEASED EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECURIT	TY NO.	17. INFORMANT	Al	DDRESS				
	No	,	053-10-60	27	Anne Viano	1949 Mid	lland H	Road	21222		
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) Artheroscleratic heart disease DUE TO, OR AS A CONSEQUENCE OF										
	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR (CONDITION	GIVEN IN PART 1	10.	=	
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. COND	IDITION FOR WHICH OPERATION WAS PERFORMED			28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO					
		AIR	M. MONTH DAY	YEAR 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM I	8 PART I OR PART 2)			
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	RED 21 e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,			211. LOCATION STREET CITY OR TOWN COUNTY				STATE		
	220.1 certify that (1) (this hasp sow the deceased alive or	April I	.4 19 8	oril	11 , 19 87 and that in (Ky) (our) opinion (, to _Apri death accurred on t	14 he date and h		tho X I) (we)		
	72E-SIGNATURE	re 6	SI P	out	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN I	Apri	SIGNED	 1987	
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		1/	22e ADDRESS			INPLI	1 17	וטנו	

DHMH - 16 60M 7/84 (VRA 15, 4)

4-18-87 Home of Dundalk 24 FUNERAL DIRECTOR Duda-Ruck FUneral 7922 Wise Ave. Dundalk, MD

Covle, M.D.

23b. DATE

Denise E

23a BURIAL, CREMATION, REMOVAL

Burial

APR 2 2 1987 Julia Dardon Kanal

Baltimore Maryland

21237

STATE

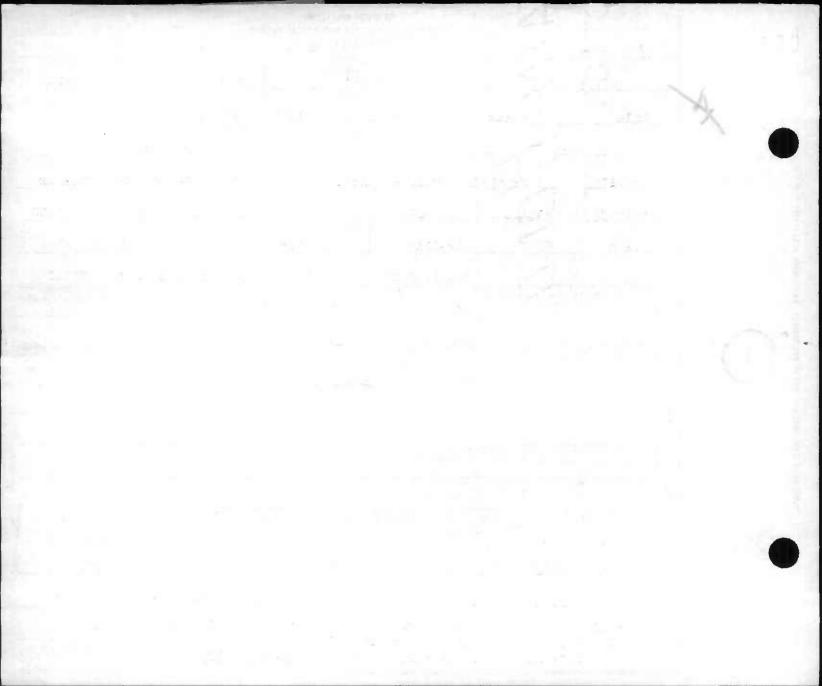
21222

231 NAME OF CEMETERY OR CREMATORY

Gardens of Faith

23d. LOCATION

9000 Franklin Square Drive



			1 1 1 1	225 53	1- 40000		MARYLAND		
		1-	STATE 1/2	230, 11		DEPARTMENT OF HEALTI		- A 15 to	2
		1 DE	REGISTRAR 4/2	C/O/	CW MEI	DICAL EXAMINER'S	CERTIFICATE OF D	STATES, INC.	64
KA	dda		E OR PRINT)				LASI	OF ESTI-	MONTH DAY YEAR 26 HOUR
301	2898	KL.	14.6	WILLIA		VULU	VALDEN	DEATH MATED	4 17 19 87 A
	55.58	1, SE			5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MONT	NDER 1 YR. IF UNDER 24 HI	PRONOUNCED	6.20
	AND	Ma.	IRTHPLACE (STATE OR	ite	July 24,	1934 52 YRS.		DEAD	
	MARSEN Z	FC	REIGN COUNTRY	2	78 CITIZEN OF WE	MARR	NEVER MARRIED		
	2523		laryland	4	II ALLANE OF HOS	PITAL, NURSING HOME, OR OTH		Baltimore C	FWORK 126 KIND OF BUSINESS
	SEASE A	1/		1	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS]		OR MOST OF WORKING LIFE	OR INDUSTRY
	302 Mg		Flen Arm		Long Gre	en Pike west of	Factory Rd.	Sheet Metal M	echanic
21201	S CEADS			COUNT	Y	13c. CITY OR TOWN	13d INSIDE CITY LIMITS? 13e	STREET ADDRESS	
. 21	A SHEET	1_	Md.	Hari	ford	Forest Hill	YES NO T	2520 Mantup	Drive 21050
BALTIMORE, MD.	C KOK-I	A SELEC	ATHER'S NAME		MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	LAST
ORE,	P SE SES	1	Louis	Willi		Walden	Dorothy	Anna	Kreiner
FIM	BA STAN	\$0 \\	WAS DECEASED EVER I	N U.S. ARM (IF YES, GIVE W		16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
N N	PAGEN	1	yes			219-30-1793	Mrs. Barbar	a E. Walden	
	AN WA		18 CAUSE OF DEATH	(Enter only	ane cause per line	far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO.	NEC ON CALL	1			CAUSE (a)	Neck injuries			
EST	N AL NOW		Conditions, if a	ahiah	DUE TO, OR	AS A CONSEQUENCE OF			
0.	A Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		gave rise to i	mmediate	(b)				
*	UTED WITHIN PENCIL EXAMINER SAL - TRANSON, OR REA		lying cause last.	the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE OF			Posts / P
3, 20	EXECUTED NG" IN PRICAL EXAM BURIAL - HAND MEI WATION, C				(c)				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.		7	PART 2 DTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART 1 Id		
ECO	ON A SO	CERTIFICATION	19g DATE OF OPERA	1011					
AL A	SI PRIE	/ 5	190. DATE OF OPERA	IION	196. CONDI	TION FOR WHICH OPERATION V	VAS PERFORMED?		20 AUTOPSY?
Y.		1 2	210 EXTERNAL CAUS	C \A/AC	21b. TIME OF	(ALIMPY DAY			YES X NO
Ö	H COMP		UNDERLYING DO	R	HOUR XX	MONTH DAY YEAR		TER NATURE OF INJURY IN ITEM 18 PAR	
Ö	NER: THIS CERTIFICATE ICATE, WRITING THE WIFE FORWARDED TO THE TOR. PAGE 3 SHOULD BE THE STATE DEPARTMENT OF STATE DEPARTMENT OF THE STATE DEPARTMENT OF THE STATE DEPARTMENT OF THE STATE	MEDICAL	CONTRIBUTING C				river of pick	-up truck/fix	ed object impact
Ž	CE SE	十萬	WHILE NOT W	WHILE X	STREET, FACT	ORY, FARM, ETC.)	STREET	CITY OR TOWN	Balto. STATE
a	WRI WARE PAGE 2120	1	AT WORK AT WO	ORK E	r		g Green Pike	west of	Balto. MI
	A S S S S S S S S S S S S S S S S S S S		220 I certify that	tod marge	af the remains des	cribed above mild an Autor		Inquiry , and i	п ту артпал
	MNN SEE BE	1	death resulted fram:	// Nagling	Causes .	Avide X Suicide	, Hamicide Un	determined manner .	
	A WANTER			41.11	Ma	600 -	TITLE (SPECIFY)		
	A H H H H H		SIGNATURE	Just	0.1	app	A.D. Assistant A	NEDICAL EXAMINER	SIGNED 4-18-87
	NER SINGE	1	EXAMINER'S NAME	Chanl	log D Va	lsog M D	111 Dame	Ct Dalta	MD 01001
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STER BEATH MORE, MARYLAND, 2		(TYPE OR PRINT)		700	kes, M.D.	ADDRESS	St., Balto.,	MD 21201
	534548	23a.B	URIAL, CREMATION, RE		21	23c. NAME OF CEMETERY C	OR CREMATORY 23d	LOCATION	COUNTY STATE
07/84 25M	BP	-	Burial		Apr. 22,19	87 Parkwood		Baltimore	Md.
23//	DHMH - 17		UNERAL DIRECTOR	Puele	The Poss	timore, Maryland	25a. DATE REC'D		RAR'S SIGNATURE
	(VR A15 ME (5))	1	beomain 0.	much .	Inc. Dali	more, marylan	APR 20	1987 Tim Du	order Rudall

or win as glet written

research May, Bernard E. Proceeding

Sure on Title A April 1981

Inches possible and her defendent

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		STATE REGISTRAR		MED	MEDICAL EXAMINER'S CERTIFICATE OF DEATH							
4		CEASED NAME OR PRINT)	A KTAU	Willi	iam W	ARE	H F-1 MA		OF ESTI- DEATH MATE		DAY YEAR	7 30
-	3. SEX	ale a7	White	5. DATE OF BIRTH	YEAR 6. AGE (IN YEAST BIRTHI	EARS IF UN	DER TYR. IF UN		7c. DATE PRONOUNCED DEAD	4 10	DAY YEA	2d HOUF
1	FOF	RTHPLACE (STA		7b. CITIZEN OF WH.			IED XX NEVER M	AARRIED	9. BALTIMORE CI	_	Y OF DEATH	
10. CITY OR TOWN OF DEATH				11. NAME OF HOSP	ed States widowed divorced Baltimore County ME HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1706. USUAL OCCUPATION (TYPE OF WORK 1716. KIND OF BUSINESS OR INDUSTRY 1706. WORKING LIFE) Drafting Engineer Westinghouse							
1	130. SI Ma:	ryland	13b. COUNT		RESIDENCE BEFORE ADMISS 13c, CITY OR TOWN Randalls	ŕ		880	et address 6 Greens	Lane	21133	
)		Arthur		William	lliam Wareheim Sr.			IS MOTHER'S MAIDEN NAME FIRST Katherine M. Ha				
	160. WAS DECEASED EVER IN U.S. ARM (YES, NO, OR UNKNOWN) (IF YES, GIVE V			RDATES)					eneim allstow		21133	
	No	Condition gave ris couse (o) lying caus	s, if ony, which to immediate stating the <u>under-</u>	(c)	AS A CONSEQUENCE	OF	E OR CONDITION GIVEN	N IN PART 1 : a			9 mgal	*
2	CERTIFICATION	196. DATE OF OPERATION 196. CONDITI			ION FOR WHICH OPERATION WAS PERFORMED?					20 AUTOPSY?		
3	CAL	210 EXTERNA UNDERLYING CONTRIBUTION 21d INJURY O	OR IG CAUSE OF D	P.M. 21e PLACE O	MONTH DAY YEA	21f. LO	CATION	URRED (ENTER N	NATURE OF INJURY IN ITI		RT 2)	
	W	WHILE AT WORK			ory, FARM, ETC.)	Autap	sy . Insp	pection ,	Inquiry .	and in my or	Dinion	STATE
		ACTUAL SIGNATURE TO THE SIGNATURE ACTION MEDICAL EXAMINER SIGNED 4/6/6									2	
2	week -	EXAMINER'S I	IT)		Isen berg	NO.	ADDRESS	E. Ch	or &		*	
	Ç	rematio		4/13/87		w Cre	matory	Cat	CATION OR TOWN ONSVIlle			MD".
	24 FU	NERAL DIRECT	rty Road	Byers Fur	neral Dire	ctors 211	, Inc 250. D	APR 1	4 1987 25b.	REGISTRAR'S S	IGNATURE	ALS.

BP. **DHMH-17** (VR A15 ME (5)) 15M 2/80

4/20

filled in by the funeral director, page 3 oald be filed within 72 hours after depth

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s ofter death. Page

STATE OF MARYLAND

- 1	anh.	
RIG. NO	Free	A
Ring, NO	-	Com

lú	17 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH / 100 NO. 5													
	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) CLARA			AIDDLE	WEINER			APRIL 2, 1987 YEAR 3:2						
		FEMALE	4 RACE WHITE		MONTH	S. DATE OF BIRTH MONTH MAY 15, 1884		E (IN YEARS LAST BIRT	M	ONTHS OAYS	IF UNDER 2	24 HRS MIN,		
1	1 0	RTHPLACE (STATE OR FOREIGN COUNTRY) ROUMANIA	76 CITIZEN OF V	WHAT COUN	TRY? 8. MARRIE WIDOWE	D NEVER MARRIEI		9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY				MD.		
1	10. CITY OR TOWN OF DEATH 11. NAME OF HOSI				SPITAL, NURSING HOME OR OTHER INSTITUTION CILITY, GIVE STREET ADDRESS) I CONVALESCENT CENTER			176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE . AT HOME						
	13o. S			GIVE RESIDENCE 131. CITY OR BETHE	TOWN	134. INSIDE CITY LIM YES 📉 NO 🗌		TREET ADDRESS /	ZIP CODE RTON I	LA. #	20904	4		
6	1	ATHER'S NAME FIRST HARRY	GROS									DSSMAN		
2	10	NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	22-5966		130 SLADE AVE. BALTO., MD					T. 418 21208				
)	ION	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Y LOSA N IN PART 11a				
1	CERTIFICATION	19a DATE OF OPERATION	TION FOR WHICH OPERATION WAS PERFORMED											
1	OR CONTRIBUTING CAUSE OF DEATH (FETTHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 17e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY 27e. 1 certify that (I) (this haspital) attended the deceased from saw therefore seed after a saw the saw th							tha (II) w	ve) last					
1		270. PHYSICIAN'S NAME (TYPE OR PRINT) 270. ADDRESS STANFORD MALINOW, M.D. 3635 OLD COURT RD. BALTO.								MD 2	1208			
	230 E	BURIAL, CREMATION, REMOVAL	APR.3,		BETH EI	CEMETERY OR CREMATORY 23d. LOCATION RANDALLSTOWN				°BALTO. °MD				
		UNERAL DIRECTOR SOL	CEVINSO OWN RD.		OS., INC	21215	APR	D. BY REPISTRAR	25b. REGISTE	PAR'S SIGNAT	Cardon	A		

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the buriol-transit permit with the State Dept. of Health and Mental Hygiene presents TO FUNERAL DIRECTOR: After this certificate has been

retained by the haspital or attending physicion.

ATTENDING PHYSICIAN: The

TO HOSPITAL OR

BP.

IMPORTANT: If Hem 21 is marked or Hem 18 shows

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH TYPE OR PRINTS LAURA WEINERT 04 18 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) FEMALE MONTH YEAR Cauc 06 0.0 86 O BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED COUNTRY MARYLAND WIDOWEDIX BALTIMORE COUNTY O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE MERIDIAN NURSING HOME Homemaker ISUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore 926 Elm Ridge Ave, 21229 Baltimore Maryland NOIX FATHER'S NAME 15. MOTHER'S MAIDEN NAME John N. Makowski Joanna Porenski ADDROCKVILLE Md. 66 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 145-38-3035 John Rodgers, Nephew, 125 Evans St. NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIB CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY, OFFICE, FARM ETC 1 STREET CITY OR TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 COUNTY WHILE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceosed ofive on obove, (I) (we (did) (du me) view the body ofter death (our) opinion deoth occurred on the date and hour and from the causes stated nd that in (my) 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

PHYSICIAN

0

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 4/21/87 23c NAME OF CEMETERY OR CREMATORY Parkwood Cem.

Balto, Md.

STATE

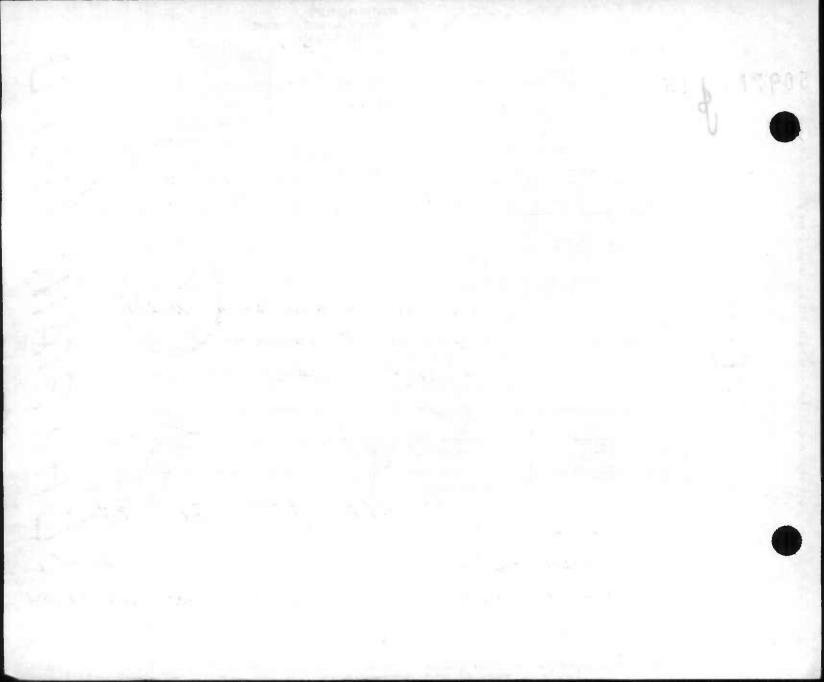
2h HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

87

24 FUNERAL 3331 Brehms La 250. DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE FUNERAL HOME, Balto, Md. 21213 APR 2



	,	FOR
052190	HAY -	STATE REGISTRA

ly filled in by the funeral director, page 3 shoyld be filed within 72 hours after death

atic event, the medical

executed within 24 hours after death. Poge

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CLA I	UF	INCA	FILE	AUD	WELL	AL HIV
CE	RTI	FIC	ATE	OF	DEAT	H 7

I	REDNO.	3	á
- 0	REGINO. 45th	Sept.	4

1	\$ U	REGISTRAR		CERTIFICATE	OL DEWILL	RECINO.	3 0
		CEASED NAME T FIRST AM	IES G.	WE	LSH	2a. DATE OF DEATH MONTH	25 87 1:15 AM
	3. SE)	Male	1 RACE White	11	4 24	6, AGE (IN YEARS LAST BIRTHDAY) 62 YR	
5		RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTRY!	MARRIED NE	VER MARRIED DIVORCED	But time re	COUNTY MD.
8	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII UF NOT IN SUCH FACILITY, GIVE STREET TO OSE P	TADDRESSI	tion to the same of the same o	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN HOGRAPH	12b. KIND OF BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUN ARYLAGO BAL THER'S NAME	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13. CITY OR TOV	WN 13d. INS		136 STREET ADDRESS / ZIP CO	RIDGE ROAD
			J. WELS)	1	TARGAR	ST B.	LEPLS4
1	, (Y	VAS DECEASED EVER IN U.S. AR (15, NO OR UNKNOWN) (15 YES, GIV	VE WAR OR DATES)	239 F	AMILY	RECORDS	
	7. 11.	PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE Static JENCE OF	Lung	Carcinon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	NO		(c)CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	ATED TO THE TERMI	inal disease or condition	GIVEN IN PART 1(a)
2	CERTIFICATION	19a date of Operation	196. CONDITION FOR WHICH	h operation was f	ERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
7	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES CONTRIBUTING ON THE ALUSE OF	HOUR A.M. MONTH D	19 21f LO	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18. PART 1 OR PART 2) COUNTY STATE
	300	saw the deceased alive an	ital) attended the deceased from		ATTENDING	MEDICAL STAFF	
1		22d. PHYSICIAN'S NAME (TYPE O	S. EL-Henr	1awy 220. Al	PHYSICIANDDRESS	DIRECTOR PHYSICIAN	7.670
34	B	BURIAL, CREMATION, REMOVAL SPECIFY UNERAL DIRECTOR NAME VANS CHAPSI	4 27 1987 D	NAME OF CEMETER	VALISY	23d. LOCATION CITYOR TOWN E REC'D. BY REGISTRAR 256, REC PR 3 0 1987	BALTO DARMANO GISTRAR SEIGNATURE A DENGAN COMMENTARIO

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been stated to should be detached for use as the burial-transit permit. Then pirat with the State Dept. of Health and Mental Hydress prior to burial.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicial. IMPORTANT: If them 21 is marked or them 18 share any

(VRA 15, 4)

918	STATE REGISTRAR			DEPARTM		ICATE OF DEATH	GIENE RE	NO.2	5 /	
	CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR
		Dore	othy	Hickman	W	EST	April 2	5,1987		9:40p
3. SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS LA		MONTHS DAYS	
	Female		Whi	te		ch 10, 1918	69	YRS	MONTHS, DATS	HOURS MIN
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
	Virgini	a	US	A	WIDOWE		Baltim	ore Cou	inty	M
10 C	ITY OR TOWN OF DEA	ATH			HOME C	OR OTHER INSTITUTION	120 USUAL OCCU			OF BUSINESS O
	Rossville			lin Square		pital	Register			
	AL RESIDENCE (# NURS	ING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)		4			
130	Maryland		timore	13c. CITY OR TOWN Dundal1		136 INSIDE CITY LIMITS?	13e STREET ADDRI		_	2122
14. FA	ATHER'S NAME			1 2010011		15. MOTHER'S MAIDEN NA		KWOOU .	roau	2122
	William	A	H.	Hick	nan	Helen	MIDE	DLE	Dana	
16e. V	VAS DECEASED EVER	IN U.S. ARA		16b. SOCIAL SECUR		17 INFORMANT	Al	ODRESS	Davi	LS
T P	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	217-24-	CAAE	07 7 77				
							C 226 Pa	rkwood		21222
	PART I. DEATH W	H (Enter onl (AS CAUSE) IMMEDIAT	y one cause per DBY: E CAUSE (a)	Cardio-p	u Imor	nary Arrest			BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
	Conditions, if any, gave rise to imp	mediate	DUE TO, O	R Massifie	Gastı	rointestinal	Bleeding			
	couse (a), stating underlying couse		DUE TO, OI	r 15 ýmphomá	NCE OF					
NO	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR C	ONDITION G	IVEN IN PART 1	a
CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDI	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	, IN CERT	ES, WERE FINDI IFYING CAUSES (ES []	
_	21a. ACCIDENT WAS UNI	CAUSE OF DEA	HOUR A.	M. MONTH DA		21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2}	
MEDICAL	21d. INJURY OCCURI	RED	21e. PLACE		RM, ETC)	21f LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	22a. I certify that (1) saw the decease abave. (1) (we) (ed olive on.	April	25 19		19_87 nd that in (my) (aur) apinian	, ta _Apri] death accurred an t	25 he date and ha		that (1) (we) last

226. PHYSICIAN'S NAME (TYPE OR PRINT) Ramona Chube M.D. 22e ADDRESS

ATTENDING PHYSICIAN

9000 Franklin Square Drive

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE Burial 4-28-87 23c. NAME OF CEMETERY OR CREMATORY Gardens of Faith

DEGREE

236 LOCATION

STATE

22c. DATE SIGNED

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

MPORTANT: If Item 2

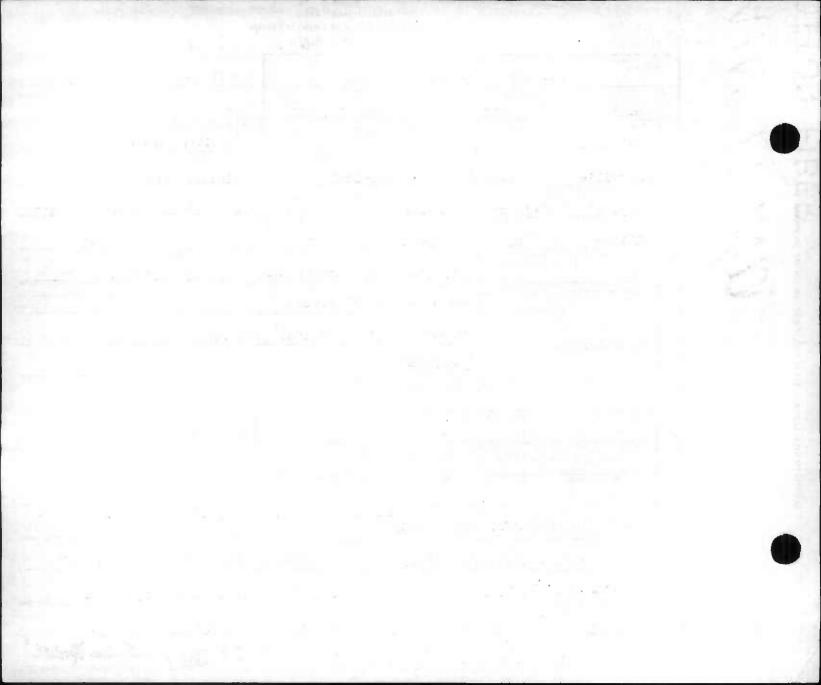
(VRA 15, 4)

22b. SIGNATURE

Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD 21222

th Baltimore Mary land
250. Date REC'D. BY REGISTRAR 256 PEGISTRA SIGNA
APR 27 1087 Julia Daniera

MEDICAL STAFF



BP.

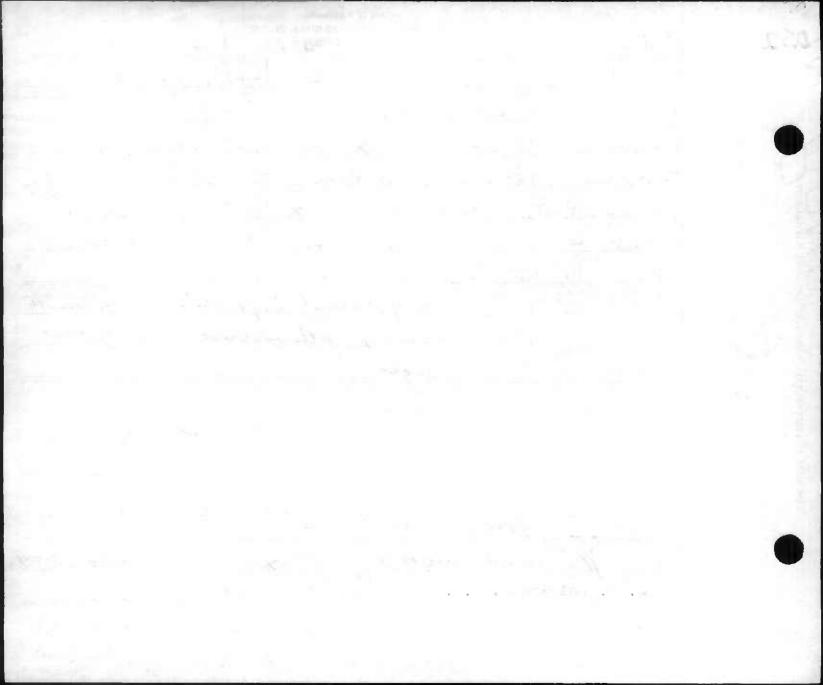
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MA	RYLAND
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	REG. N	2	3	Q
4	REG. N	0		

FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE PONO 2 5	8
1. DECEASED NAME {TYPE OR PRINT}	FIRST MIDDLE	LAST LAST RMAN		DAY YEAR 26. HOUR
3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Je. BIRTHPLACE (STATE OR F	OREIGN 76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
10. CITY OR TOWN OF DEA	TH 11. NAME OF HOSPITAL, NUI	WIDOWED DIVORCED RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OF INDUSTRY
USUAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BI	DOVER KOAD EFORE ADMISSION)	Inspector.	AT+T OF.
130. STATE CARYLAGO 14. FATHER'S NAME	BALLIMORE PARK	YES NO	136 STREET ADDRESS / ZIP CODE	VER ROAD
CHARLES		15 MOTHER'S MAIDEN N FIRST ARGE	MIDDLE	MARTINS
160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	ECURITY NO. 17. INFORMANT	RECORDS	
18. CAUSE OF DEATH PART I. DEATH W	H (Enter only one couse per line for (a), (b) AS CAUSED BY: IMMEDIATE CAUSE (a)	myocardial i	infarction	BETWEEN ONSET AND DEATH 5 minut
Conditions, if any, gove rise to imm	nediate	oronary athero	sclovosis	years
underlying couse	lost (c)	OUENCE OF TO DEATH BUT NOT RELATED TO THE TER	AND DISTURBING ON CONDITION OF	
190 DATE OF OPERAL	TION 196, CONDITION FOR WH	IICH OPERATION WAS PERFORMED	_ IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
OD CONTRIBUTION O	CAUSE OF DEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
(IF EITHER, NOTHEY MEDIN 21d. INJURY OCCURR WHILE NOTH WAT WORK AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
saw the decease	(this hospitely attended the deceased from	9 87, and that in (my) (**) apinion	, to, n death accurred on the date and hou	19.8.7, that (1) (we) lor ond from the couses stated
726 SIGNATURE	- Palmis am	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	APRILAR P
J. F. F	Palmisano, M.D.	270 ADDRESS	OCH RAVER	BLVD.
230 BURIAL, CREMATION, SPECIFY) RIAL	REMOVAL 236. DATE 1787	PARKWOOD LEM	23d LOCATION POINT OF TOWN PARKYLLS	BALTO MO.
24. FUNERAL DIRECTOR	10001 SEMS ADDRE		ATE REC'D. BY REGISTRAR 756. REGIST.	RAR'S SIGNATURE



		FOR	
1	-	STATE	
		DECICTDAD	

1.	- STATE REGISTRAR		CERTI	FICATE OF DEATH	nec	10/ 3	4	
1. DE	ECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
I L	MONSIGNOF	R THOMAS	^	WHELAN	Appil Of	1007		11m
3. SE		4. RACE		OF BIRTH	April 21		INDER I YEAR	IF UNDER 24 H
	Male	White	FAD	8. 1906	81	MON	ITHS DAYS	HOURS M
7a B	SIRTHPLACE (STATE OR FOREIGN	7h CITIZEN OF WHAT COUR	NTRY2 8		9 BALTIMORE CITY	YRS OF COUNTY OF	DEATH	
	COUNTRY)	USA	MARRI	ED NEVER MARRIED X				
10 C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOW		Baltimor			F BUSINESS
128	Towson	Stella Mar	is Hosp	oice	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	Relig	
13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 COI MD Ba	JNTY 13c. CITY OF	e before admission) R TOWN WSON	13d. INSIDE CITY LIMITS? YES NO	136.STREET ADDRESS 2300 Dula	/ ZIP CODE	alley	Road
14 F/	ATHER'S NAME FIRST	WIDDIE TV	CY	15. MOTHER'S MAIDEN NA				
	Thomas	A. Whel		Josephin	MIDDLE	Warin	ng (AS	iT
	WAS DECEASED EVER IN U.S. A		L SECURITY NO.	17 INFORMANT	ADDR	RESS		
(W II 214 4	16 7592	Robert W.	Whelan.	CT		
	Conditions, if ony, which	DUE TO, OR AS A CON	ISEOUENCE OF	Largery	Galist .		qua	u,
TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTING	ISEQUENCE OF					
RTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR W	ISEQUENCE OF	DN WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, W IN CERTIFYIN YES	/ERE FIND IN IG CAUSES	NGS USED
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR W 17b. TIME OF INJURY HOUR A.M. MONTI	ISEQUENCE OF	ON WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, W IN CERTIFYIN YES	/ERE FIND IN IG CAUSES	OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR W 17b. TIME OF INJURY HOUR A.M. MONTI	ISEQUENCE OF ISEQUENCE OF IG TO DEATH BUT WHICH OPERATION H DAY YEAR 19	ON WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, WIN CERTIFYIN YES URY IN ITEM 18 PART I	/ERE FIND IN IG CAUSES	NGS USED OF DEATH? NO
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINENT OF CONTRIBUTING OR CONTRIBUTING AUSE OF DETERMINENT OF CONTRIBUTION OF COURTED OF CONTRIBUTION OF COURTED OF CONTRIBUTION OF COURTED OF COUR	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR W 19b. TIME OF INJURY HOUR A.M. MONTE P.M. 21e. PLACE OF INJURY	ISEQUENCE OF ISEQUENCE OF IG TO DEATH BUT WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.)	216 HOW INJURY OCCURI	200 AUTOPSY? YES NO ENTER NATURE OF INJ	20b. IF YES, WIN CERTIFYIN YES URY IN ITEM 18 PART 1	/ERE FINDING CAUSES 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER, NOT IFF MEDICAL EXAMINATION NOT INCOME.) WHILE AT WORK AT WORK 77a. I certify that (If sow the december of the colore, (I) (we) (Idid) (Idid to colore).	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, CO	ISEQUENCE OF ISEQUENCE OF IG TO DEATH BUT WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.)	21c. HOW INJURY OCCUR! 21f. LOCATION STREET The thot in (my) (our) opinion DEGREE	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJECTITY OR TO	20b. IF YES, WIN CERTIFYIN YES URY IN ITEM IB PART I	COUNTY	NGS USED OF DEATH? NO STAT
	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER, NOTHER MEDICAL EXAMINATION OR CONTRIBUTION OF CAUSE OF D. (IF EITHER, NOTHER MEDICAL EXAMINATION OF CONTRIBUTION OF CAUSE OF D. (IF EITHER, NOTHER MEDICAL EXAMINATION OF CONTRIBUTION	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 196 CONDITION FOR W 196 CONDITION FOR W 198 CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	ISEQUENCE OF ISEQUENCE OF IG TO DEATH BUT WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.)	21c. HOW INJURY OCCUR! 21f. LOCATION STREET The thot in (my) (our) opinion DEGREE	ZOO AUTOPSY? YES NO KEED (ENTER NATURE OF INJUNE) CITY OR TO MEDICAL STA DIRECTOR PHYSI	20b. IF YES, WIN CERTIFYIN YES URY IN ITEM IB PART I	/ERE FINDING CAUSES COUNTY COUNTY 221 DATE 4/2	NGS USED OF DEATH? NO STAT

DHMH - 16 60M 7/8 (VRA 15, 4)

TO FUNERAL DIRECTOR After this certificate is should be detoched for use to the build it entit with the Stote Dept. or Health and Mental Hydra

TO HOSPITAL OR ATTENDING PHYSICIAN, The la-retained by the hospital or attending physician

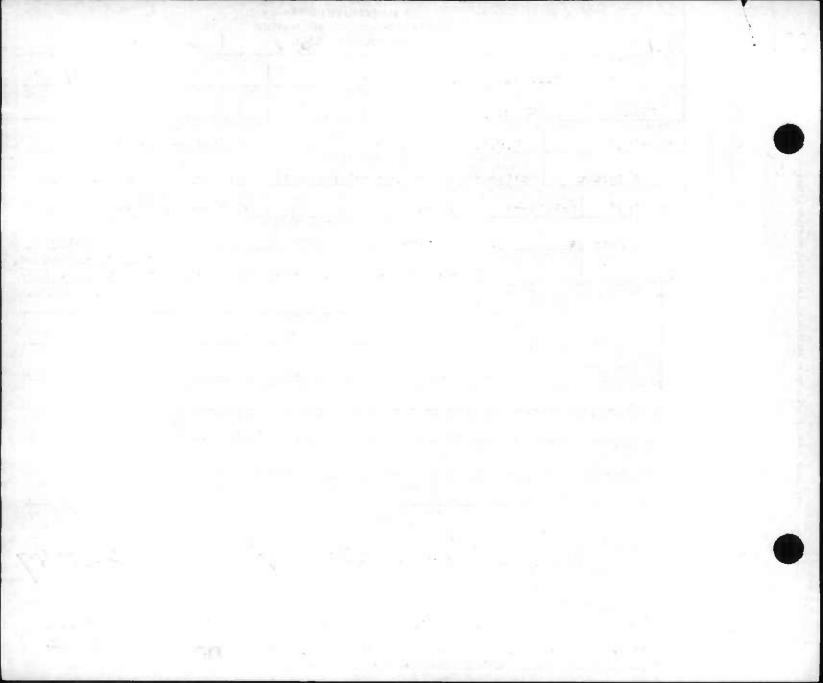
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T. A. F. T. T. W. WHELON oprings, 167 clo white Feb. 1. 15 1.1 to 1.1 to 1.1 To von :alla ri to a a rice ta la la rice ta Toyon Y S Tulon VIII To rina. Conide of neighbors. You II State Eden and Angla, Ut The state of the s - 1 /1 Te. M. E. Luces, N. T. S. M. University and S. C. S. P. D. C. P. D. C. S. P. D. C. P. D. P. D. C. P. D. P. D ini I cost of the
ART	MENT	OF	HEA	LTH	AND	MENTAL	HYGIEN
	CE	RTI	FIC	ATE	OF	DEATH	7

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1	REO NO.	Gentler	~	0

	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	I PEQUO 2	6 ù						
	I. DECEASED NAME FIRST	MIDDLE	i.	AST	20 DATE OF DEATH MONT	H DAY YEAR 26 HOUR						
1	[TYPE OR PRINT)	arriet L.	W	hite	4.	- 24-87 7 PM						
ı	3 SEX	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS						
	Female	White	MONTH 4	- 23-1897	90	YRS. MONTHS DAYS HOURS MIN.						
	To. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	8		9. BALTIMORE CITY OR CO							
И	Maryland	U.S.A.	WIDOWE	D NEVER MARRIED I	Baltimore	County MD.						
7	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME C		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR						
	Randallstown	Baltimore Count	y Gene	eral_Hospital	Retired	Dept. Store						
-	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE						
		timore Woodlawn		YES NOXX	2243 South1							
V	14. FATHER'S NAME	MIDDIE LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST						
П	Charles	E. Heal	ev	Ella	MIDDLE	Poplar						
1	160 WAS DECEASED EVER IN U.S. A			17. INFORMANT	ADDRESS	2243 Southland Rd.						
1	NO NO OR UNKNOWN) (IF YES, O	215-10-3	400 A	Mrs. Louise	e Blankenship	Woodlawn, MD. 21207						
-	18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b), o	nd (c).1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUS	Minutes										
1		DUE TO, OR AS A CONSEQUENCE OF										
1	Conditions, if any, which	(b) Arterios	scler	otic Cardio	vascular Di	sease Years						
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOL										
	underlying cause last			<u>zed Arterio</u>		<u>Years</u>						
		T CONDITIONS CONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 110						
	190. DAVE OF CREATION O 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E LIFETHER, NOTIFY MEDICAL EXAMINATION OF COURRED	DS THE WORLD HOW FOR RIME	THE PLANT	rvasDisease	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED						
2	DE INCOME	in contained while	· Or ellimo	J. J. C.	IN .	CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)						
H	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURE	YES NO							
4	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH D			Tener to the second sec							
-1	21d, INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f LOCATION								
1	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE						
1	27 100	spital) attended the deceased fram,	11-	19. 12.69		. 19.87 , that (1) (we) last						
	saw the deceased alive	. 04	37, 01	nd that in (my) (XXopinion o	deoth occurred on the date or	nd hour and from the couses stated						
	27h SIGNATURED	Jory view the body differ		DEGREE		22c. DATE SIGNED						
	X. Her	upen (lot	us	MA ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	14-25-87						
1	274 PHYSICIAN'S NAME (TYP		/	22e. ADDRESSOO Ar	mory Place	(3D)						
1	L.Kempe	rvOwens, M.D.		Baltim	ore, Maryla	nd 21201						
	23a. BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION	COUNTY						
	Burial	4/28/87 I	orrai	ne Park	Woodlawn	Maryland						
	24 FUNERAL DIRECTOR Lerowell. & Russe	ell C. Witzko ADReson	eral I	Homes P A ADI	E REC'D. BY REGISTRAR 25b. R	REGISTRAR'S SIGNATURE						
	1630 Edmondson	ell C. Witzke Pun Avenue, Catonsvill	e, MD	Homes P.A. API	1 198/							

DHMH - 16 60M 7/84 (VRA 15, 4)



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	the Mary		OUNTRY)			SA	MARRIE	NEVER MA		P	II.	Car.	4.1
	a white	10.0	ITY OR TOWN OF DEA	TU 1	-,	,	WIDOWE	R OTHER INSTIT	RCED	2a. USUAL OCCUPA	TION	12b KIND	DE BUSINES
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21	d be	13a	AL RESIDENCE (IF NURS	136 COUNT		134 CITY OR		13d. INSIDE CITY	LIMITS?	3e STREET ADDRESS	3		
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AA	complete	1	Maria Carlos				ite		lian	WIDDLE			ar
m,	nd comp		vas deceased ever	Josei IN U.S. ARM	ED FORCES?	166 SOCIALS		17 INFORMAN	-	ADD	RESS	- 511	αı
AOR	ond co	1	YES, NO OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)						11.7.0		
ALTIMORE	be rior	Ye		Kore			8-1866_	Ada A.	White	- same as	; #13e	V MODEL	TITLE CHIST COV
BA	reertificate b		18 CAUSE OF DEATI PART I. DEATH W			line for (a), (b	, and	A	6			BETWEEN	XIMATE INTERV
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Z					DUE TO, O	R AS A CONSE	QUENCE OF		^	^ - 1	N	΄ Λ.	
EST	death attend ave co trian, o		Conditions, if ony,		(b)_		In	1 ocas	di	f ma	ncli	~ IN	h
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3	that d by t eose ol, cre or athe		underlying couse		10000	K AS A COINSI	CINM	any	lite	midia	lase	He	4
20	ple prio		PART 2 OTHER SIGN	HEICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	O THE TERMIN	IAL DISKASE OR CO	NDITION GI	VEN IN RART 1	lo:
DS,	sign sign to bi	Z											
CORDS	been mit. prior	CERTIFICATION	19a DATE OF OPERAT	ION	196. GOND	ITION FOR WE	ICH OPERATION	WAS PERRORA	AED .	20a AUTOPSY?	20b. IF YE	S, WERE FIND	INGS USED
A.	n. n	문	4-21-0	87	()	m In	. 0.	to. D	inen .	YES T NOT		FYING CAUSE	S OF DEATH
TAI	E 0 - + 0 0 /	E .	21a. ACCIDENT WAS UND	FRLYING	21b, TIME O	E IN ILIRY	7 an	71r HOW IN II	RY OCCURRE	D (ENTER NATURE OF IN			140
OF V	A4 4+= 1		OR CONTRIBUTING	the same of	110110 1	M. MONTH	DAY YEAR	110.11017 1170	W. OCCORNE	D (ENERTHALDE OF IT	TORY IN TIEM TO,	raki i wkraki zj	
OZ		\ V	(IF EITHER, NOTIFY MEDICA		P.		19						
S	I C . C . 73	MEDICAL	21d, INJURY OCCURR		(AT HOME, STE	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC)	21f LOCATION STREET		CITY OR T	OWN	COUNTY	STA
DIVISION	offer the os the orked orked		AT WORK AT WO	RK .									_
	R: A See See See See See See See See See S		22a. I certify that (1)	this hospito	ttended th	e deceased fro	om	19-87	19	-, to 4-21	-87	. 19	, that (I) (w
_	Pito For for of h		sow the decease	id) (did not)	view the body	After death	9 8 or	d that in my lo	ur) opinion de	oth occurred on the	date and ha	ur and from the	couses stat
	OR ATI		226 SIGNATORE	1/5)	2		DEGREE		/		22c. DAT	ESIGNED
	the the terocation is if		VIL	VIS	CL.	1 Cen	1/	ATT	ENDING 6	MEDICAL ST DIRECTOR PHYS	AFF	(C/.)	21-8-
	O HOSPITAL etained by to TO FUNERAL should be de- with the State		27d PHYSICIAN'S NA	ME (TYPE ORF	RINT		V	220 ADDRESS	TOICIAN E	DIRECTOR TITLE	ICIAIT .		. 0
	O HOSI		KOBB	05	K	PAL	181	24	Ta	SEPA	Hors	PITA	-
	TO HOSPITAL of retained by the TO FUNERAL should be deto with the State [MAPORTANT: If	-		<u> </u>		RAL		1 01			000	11119	
		(BURIAL, CREMATION,	REMOVAL	236 DATE	0/		EMETERY OR CR		23d. LOCATION CITY OR TOWN		COUNTY	STAT
	BP	B	urial		4-25-8	36-	Garri	son Fore	st	Owings	Mills.	Balto	o., Md

Film G626, Item 23b, 4/28/87

LOUIS

MIDDLE

FOR

I. DECEASED NAME

REGISTRAR

- STATE

(TYPE OR PRINT)

DHMH - 16 50M 1/76

(VR A 15 (4))

COUNTY STATE te and hour and from the causes stated 22c. DATE SIGNED IAN [ills, Balto., Md. 250 DATE REC'D BY REGISTRAR 256 NECUSTRAR OF IGNATURE 24 FUNERAL DIRECTOR 1050 York Rd. ADDRESS Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

WHITE

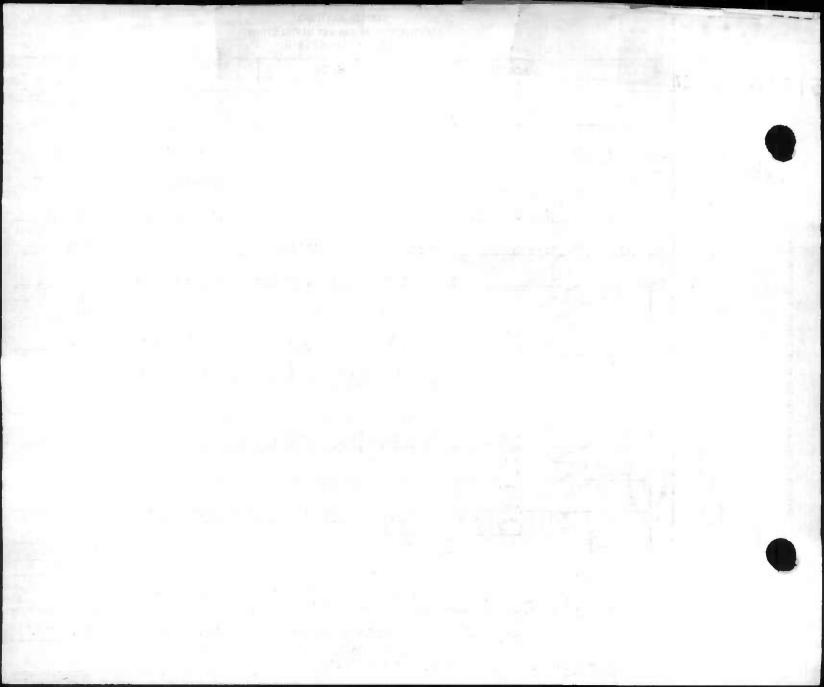
26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

YEAR

IN CERTIFYING CAUSES OF DEATH?



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH T TREGISTRAR REGINO. 1. DECEASED NAME MIDDLE 26 HOUR (TYPE OR PRINT) 5:55A , April 3, 1987 Elva WILLIAMS May 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR 5 DATE OF BIRTH MONTH DAY YEAR May 2 1925 Female White To. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Baltimore County Md. U.S.A. WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION II CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE Baltimore Franklin Square Hospital Clerk ARMCO USUAL RESIDENCE (IF NURSING - AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE COUNTY 13. STREET ADDRESS / ZIP CODE 4809 Bayonne Ave. 113d. INSIDE CITY LIMITS? Baltimore 21206 Md. YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME J'IDDLE $E_{\text{\tiny MIDDLE}}$ William Williams "Neva Giles 166 SOCIAL SECURITY NO In WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 301 Deep Dale Dr. (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 212-20-4340 James Williams (Brother) Timopium Md 21093 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Infarction of abdominal viscera DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) Mesenteric thrombosis gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. Atherosclerotic cardiovascular PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES XXXNO NO [7 a ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (this haspital) ottended the deceased from I'larch saw the deceased alive on April 3 and that in (my) (our) opinian death accurred on the date and hour and from the couses stated abave, (1) (we) (did) for alet) view the body after death 22r. DATE SIGNED 776 SIGNATUR DEGREE MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN 9000 Franklin Square Drive, Bashar Samman. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL BALTIMORE STATE BURIAL 4/6/87 MD. PARKWOOD 24 FUNERSCHEMUNEK FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL old be deto

3331 Brehms Lane, Balto. Md. 21213

Dividion Pondall

0505 891 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME TYPE OR PRINTS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR ONTHS DAYS mal 25 1900 BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH CQUNTRY) MARRIED NEVER MARRIED MARYIAND County WIDOWED X DIVORCED M CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Towson Ret. Machinist USUAL RESIDENCE (IF NURSING, NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ME COUNTY 3818 Glenmore Ave. 21206 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS Balto. MARYIAND YES X 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Katherine Edris Willis 0wens 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 705-10-8996 Shirley A. Hild, Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 8. CAUSE OF DEATH (Enter only one couse per line (ar (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION 200 AUTOPSY 206 UF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 270.1 certify that (1) (this haspital) attended the deceased from . 19__ saw the deceased alive on above, (i) (we) (did) (did not) view the bady after death , and that in (my) (aur) opinion death accurred on the date and hour and Iram the causes stated 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc., 5305 Harford Rd.

4-22-87

230 BURIAL, CREMATION, REMOVAL

Burial

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN Balto

STATE

Gardens of Faith

241678-5-101 Tirle - we district to likely flowers the No contract the property of the second The second is a second part of the second part of t fuperal director, page 3 thin 72 hours after death

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF BRATH!

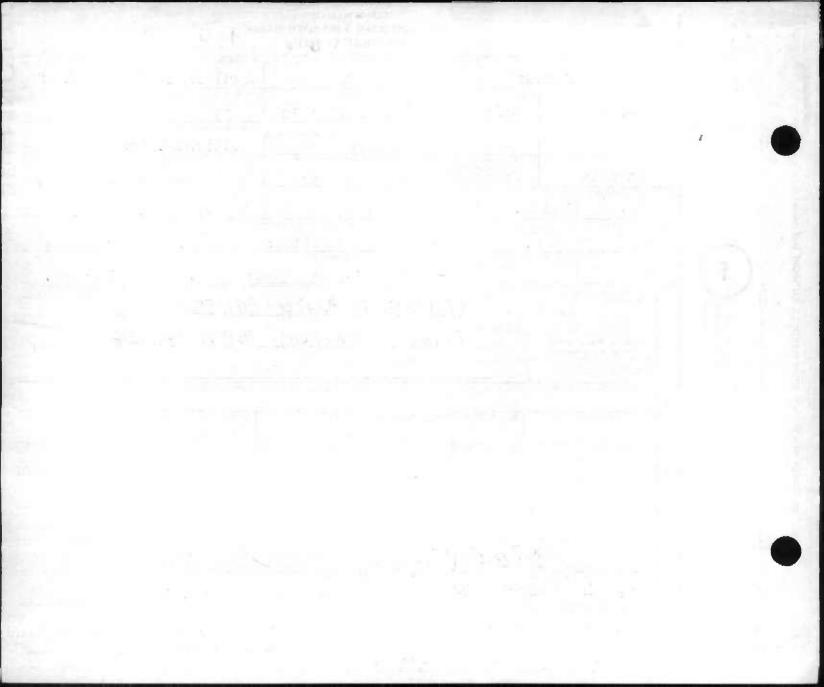
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	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE O	2 6	4		
		DEASED NAME ORPRINT)	FIRST Charle		AIDDLE		MMER	April 29	MONTH E	DAY YEAR	7:15P M	
ŀ	3. SEX			RACE		5. DATE C		6 AGE (IN YEARS LAST		NE UNDER I YEAR	IF UNDER 24 HRS	
		Male		White	9	NOV	DAY YEAR	56	YRS.	ONTHS DAYS	HOURS MIN.	
4	7a. BIR	RTHPLACE (STATEORFO	DREIGN 76	USA	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED 5	9. BALTIMORE CITY Baltimo	_		MD.	
	10. CI	TY OR TOWN OF DEAT	rH 1	(IF NOT IN SUC	H FACILITY GIVE STREET	G HOME C	Hospital	126 USUAL OCCUP.	ATION STOF WORKING LIFE	12b. KIND C	F BUSINESS OR	H
	USUA	AL RESIDENCE (IE NURSIN	NG HOME OR O	THER INSTITUTION,		ADMISSION)	13d INSIDE CITY LIMITS? YES NO **	Retired 13. STREET ADDRES 509 N.	S / ZIP CODE		. 2122	1
١	14. FA	THER'S NAME	-	DDLE	LAST		15. MOTHER'S MAIDEN NA	WE				-
2	L	ouis	Ľ		Wimmer		Matildas	MIDDLI		Lemba	ch	
7		AS DECEASED EVER I			166 SOCIAL SECU	RITY NO.	17 INFORMANT		DRESS			•
1	4.	res, no or unknown)	(IE YES, GIVE V	WAR OR DATES)	217-26-	5083	Helen Wimm	ner 509N.	Woodwa	ard Dr	ive.	
	NOI	Conditions, if ony, gove rise to imm couse (o), stating underlying couse	ediote 1 the lost.	(b) DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO E	NCE OF	CONGESTIVE	AINAL DISEASE OR CO			a	
7	CERTIFICATION	190 DATE OF OPERATI	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDING CAUSES		
		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	216. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM 18 PA	ART I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRE		21e. PLACE ((AT HOME, STR	OF INJURY PEET, EACTORY, OFFICE, E	ARM, ETC)	211 LOCATION STREET	CITY O	TOWN	COUNTY	STATE	
		22a.1 certify that (I) (this hospito	l) ottended the	e deceased from_			, to		19,	that (I) (we) lost	
1		saw the deceased above, (I) (we) (di	d olive ond) (did not)	view the body	ofter death.	, 01	nd that in (my) (our) opinion	death occurred on the	dote and hour	ond from the	couses stated	
		226. SIGNATURE	M	Sua	MA	2		DIRECTOR PHY	TAFF SICIAN 🗌	22c. DATE	SIGNED	
		G. 4.		PRINT	JR.		404 East	ern Blvd	. 2122	1		
		SURIAL, CREMATION, R		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d, LOCATION CITY OF TOWN		COUNTY	STATE	
		Buria	1	5/2/8	7 G	arde	ns of Faith				Marylan	d
	24 FU	INERAL DIRECTOR			- ADDRESS		25a. DAT	E RECID. BY REGISTE	AR 256 REGISTI	RAR'S SIGNAT	URE -	
	CC	onñellyFu	nera.	LHome	300Mace	Ave.	21221		0	6000	4	

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy should be detached for use as the burial-transit permit. Then please remove corbental with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as semical IMPORTANT: If Item 21 is marked an Item (Oshows pay injury, or other troumatic event



Omogetely filled in by the funeral director, page 3 s and 2 shauld be filed within 72 haurs after death injury, ar ather traumatic event, th TO FUNERAL DIRECTOR. After this certificate has been signed ishauld be detached for use as the burial-transit permit. Then pleat with the State Dept of Health and Mental Hygiene prior to burial.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND	100
DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
CERTIFICATE OF DEATH	

								REG. N	0.			
	CEASED NAME E OR PRINT)	FIRST	٨	AIDDLE	- 1	AST		20 DATE OF DEATH	MONTH	DAY, YEAR	26 HOU	
	B	ERNARD		L.	W	INDSOR			4	7 870	9:45	M
3 SE	X	4.	RACE		5 DATE C	F BIRTH		6. AGE (IN YEARS LAST BIR	PTHDAY)	IF UNDER 1 YEAR	IF UNDER	R 24 HR5
В.	Mala		White		7 MONTH	26 ^{DAY}	20	66		MONTHS DAYS	HOURS	MIN.
70 0	Male IRTHPLACE (STATE OR F	2000		AULAT COUNTRY?	,	20	20		YRS.			
	COUNTRY)	OREIGN /	CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER A	AARRIED -	9 BALTIMORE CITY C	IR COUNT	Y OF DEATH		
M	aryland		U.S.		WIDOWE		ORCED	Balto.	City	-		MD.
10 C	ITY OR TOWN OF DEA	TH T		OSPITAL, NURSIN		R OTHER INST	ITUTION	12a USUAL OCCUPAT		12b. KIND C	FBUSIN	
	Balto.			HEACILITY, GIVE STREET. Later Ave				Painter)F WORKING L		tino	ī
*USU	AL RESIDENCE (IF NURSI			GIVE RESIDENCE BEFORE								
13a	STATE	131 COUNT	YII	13c. CITY OR TOW	N	13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS		0.400.0		
	Md.	DO	17	Balto.		YES 🗌	NO D	4122 Slate	er Ave	e. 21236	/	
14 F/	ATHER'S NAME FIRST	AAT	DDLE	LAST			MAIDEN NAM					
L	eonard	s.		Windsor		Anna	FIRST	M.		Bury		
	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMA	NI	ADDR	ESS			
	YES NO OR UNKNOWN)		VAR OR DATES)	240 02 0	200		T	de de co		. 412		
Y	es	WWII		218-03-9	288	Mrs.	lanet w	indsor - Sa	ime as			
	18 CAUSE OF DEATH	H (Enter anly							7	BETWEEN	MATE INTE	RVAL
	PART I. DEATH W	IMMEDIATE	9	METASTA	TIL	ESOPI	HAGEAL	CANCER	2			
		171712017112										
			DUE TO, OF	AS A CONSEQUE	NCE OF							
	Canditians, if any, gave rise to imm		(b)									
	cause (a), stating	g the	DUE TO, OR	AS A CONSEQUE	NCE OF							
	underlying cause	last.	(c)									
	PART 2 OTHER SIGN	UFICANT CO		NTRIBUTING TO D	FATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION CI	VENI INI DART 1		
N					2007	. OT HELAILD	TO THE TERM	ITAL DISEASE ON COIT	DITION GI	VEN IN PART III		
CERTIFICATION	19g. DATE OF OPERAT	ION	TIN CONDI	TION FOR WHICH	OPERATION	I WAS DEDECT	DAVED	20a AUTOPSY?	JON 15 VE	S WERE FINIDIN	100.005	
0			THE CONDI	TION FOR WITCH	OPERATIO	V VAS PERFO	KMED	ZUG AUTOPST?	IN CERT	S, WERE FINDIN	OF DEA	D TH?
E	NOVERBEI				HE E	SOPHAGI	15	YES NO		ES 🗌	NO [
U	210. ACCIDENT WAS UND		216. TIME OF		V VEAB	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IB	PART I OR PART 2)		
A	OR CONTRIBUTING C		P.A		Y YEAR							
MEDICAL	21d. INJURY OCCURR		21e. PLACE C		19	211 LOCATIO	N					
ME				ET FACTORY, OFFICE, FA	ARM, ETC)	STREET		CITY OR TO	WN	COUNTY		STATE
	AT WORK NOT WH	K L										
	22a.1 certify that (1)				TARCH	- 11	, 19 87	, to MARCH 3	0	19 87	that (1) (we) last
	sow the decease apave, (1) (we) d	dalive on	mouch s	0 19	77 an	d that in (my)	(aur) apinian d	leath accurred an the de	ate and ha	ur and fram the	causes str	ated
	22b. SIGNATURE	id) (did/nat) j	view the bady	atter death.		DEGREE						
	11.6	10	-1			Α	TTENDING .	MEDICAL STAI	66	22c. DATE		
	mous /) Un	ung			1D F	HYSICIAN 2	DIRECTOR PHYSIC		14/2	9187	1
	22d. PHYSICIAN'S NA	ME (TYPE OR P	RINT)			22e ADDRES	5					
	/ manio	A. E.	SEN BA	ERGER		22 .	S. PRES	ENE ST D	חנדניו	ronk mo	121	201
23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF CI	METERY OR C		23d. LOCATION	30.(1	1110	1	
	Remov		4-7-8					CITY OR TOWN		COUNTY	5	STATE
24 FI	UNERAL DIRECTOR	a. I	4-1-0	<i>'</i>			125 - D - 75	DECID AV DECISE	051 05 5 :-			
47 (NAME			ADDRESS		100	230.	PECD BY REGISTRAR	Z36 REGIS	IRAR'S SIGNAT	JRE	
	Sta	te Ana	tomy Bo	oard	Balto	., Md.	7,111	100 198/	Aulia	Sieden !	indas	Life .

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The

retained by the haspital ar

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attending physicia

IMPORTANT: If them 21 is marked ar Item 18 shaws any

HAND FOR LAL FRANCISCH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

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STATE OF MARYLAND

22	1-	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	GIENE	e vg	6 6	
10 1		EASED NAME FIRST		MIOOLE	i	AST	20. DATE OF DEA	TH MONTH O	AY YEAR	26. HOUR
	(TYPE	Lawren	ce	Frederic		WISEMAN	April 2			4:40P N
	3. SE)	Male	4. RACE	te	S. DATE C	20, 1914 YEAR	6. AGE (IN YEARS)		FUNGER 1 YEAR	IF UNGER 24 HRS
-	70. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE C	ITY OR COUNTY	OF DEATH	
STO I	Ma	ryland	U.S	.A.	WIDOWE	DXX NEVER MARRIED	Baltimo	re Count	٧.	MD
清力	10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a. USUAL OCC		126. KIND OI	F BUSINESS OR
10 C		verlea		eenwood A		212 06	Merchar	t	Prod	luce
35	130. S	TATE 136 CC		13c. CITY OR TOV	VN	134. INSIDE CITY LIMITS?	13. STREET ADDI 21 Gree	RESS INWOOOD AV	venue	21206
30		rank H	MIDOLE	Wiseman		15. MOTHER'S MAIDEN NA	AME	DOLE	elly	
		AS DECEASED EVER IN U.S.				17. INFORMANT		ADDRESS Bal	timore,	MD.
E P	(1	NO OR UNKNOWN) IF YES.	GIVE WAR OR DATES)	219-07-	3852	Frances Wise	man 21 G	reenwood	Avenue	21206
the ,		18 CAUSE OF DEATH (Enter	anly ane cause pe	r line for (g), (b), ar					BETWEEN C	MATE INTERVAL
ven		PART I. DEATH WAS CAL	ISED BY: IATE CAUSE (a)	Hdero	Car	eenona Co	ilon -		21	· Sale 2
o pic	9		DUE TO, C	R AS A CONSEQU	ENCE OF	testates.				0
her traum		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	DR AS A CONSEQU		estace.				
or of			((c)_							
injury,	NO	PART 2. OTHER SIGNIFICAN Diabetes	Melli Fe			obstuction			N IN PART 1(a	
ene prio	CERTIFICATION	196. DATE OF OPERATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY YES NO		WERE FINDIN	
em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING DECLY OF	DEATH HOUR A		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18. PA	RT 1 OR PART 2)	
ked or th	MEDICAL	21d. INJURY OCCURRED WHILE OF WORK	21e. PLACE	OF INJURY FREET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION STREET	ÇIT	y or town	COUNTY	STATE
21 is mor		270.1 certify that (1) (this had saw the deceased alive abave, (1) (we) (did) (did	spital) attended t	he deceased fram.	27_, a	nd that in (my) (and) apinian		the date and haur	9 57, t	that (1) (we) last
# Hem		226. SIGNATURE	Pin C. t	the least		DEGREE	MEDICAL DIRECTOR P		22c. DATE	
S Sto		THE PHYSICIAN'S NAME (TY		0		22e. ADDRESS	E DINEGROND.		1.15.1.1	20,07
With the State L		John C.	Hyle, M.).	7 3	7527 Belai	r Road B	altimore	MD 212	36
3 3		SURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION	V WN	COUNTY	STATE
_		Burial	Apr 28	3, 87 G	arden	s Of Faith Cer		ore Co.	Md.	
1 4/82	24. FL	uneral director Dip 110 ^{me} Belair Roa	pel Funer ad Balti	more. MD	, Inc.	APR'2	TOREGINE REGIE	TRAR 255 RECHSTR	Randal	

DHMH - 16 50M 4/B2 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

E.	0	2 3	0
	REG. N	dia	-
	REG. N	10.	

- STATE		CERTIF	ICATE OF DEATH	REG. N	2 6 /	
DECEASED NAME FIRST	MIDDLE	l.	AST	20. DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR
Anna	E. WOOD			April 26.	1987	9.41A M
3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
FEMALE	WHITE	2	14 1900	87	YRS.	ATS HOURS MIN.
O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	Н
MARYLAND	USA	WIDOWE		Baltimore	County	MD.
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUPATI		ND OF BUSINESS OR
ROSSVILLE		SQUARE HO	SPITAL	HOUSEWIFE		OMEMAKING
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE MARYLAND 133. COUL BALT		ence before admission) OR TOWN	13d. INSIDE CITY LIMITS? YES NO 🔼	13e STREET ADDRESS 7628 Phila	/ ZIP CODE idelphia Rd	1. 21237
1. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME		LAST
Märtin	Zinka	and	Mary	MIDDLE	Eckn	neyer
60. WAS DECEASED EVER IN U.S. AF	MED FORCES? 16b SOC	IAL SECURITY NO.	17. INFORMANT	ADDRE		21237
(TES, NO ON UNKNOWN) (IF TES, OF	213-	-74-2162	Carolyn A. S	Seling 7626	Philadelph	ia Rd.
PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [NOT RELATED TO THE TERM	20a AUTOPSY?	DITION GIVEN IN PAR 20b. IF YES, WERE FI IN CERTIFYING CAU	INDINGS USED
			In una	YES NO[X	YES	NO 🗌
an contratation of course or as			21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM TS PART I OR PAR	IT 2)
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TO	OWN COUNT	TY STATE
27a.1 certify that a (this hosp sow the deceased alive or above, (a (we) (did) (d. d. 27b. SIGNATUSE	H26	19 \$7', at	nd that in (m) (aur) apinion		22c. D	2, that (we) last in the causes stated DATE SIGNED
1.100		a	ATTENDING PHYSICIAN	MEDICAL STA	IAN W	
JOSEPH B	KLIGMAN,	MeD.	22e. ADDRESS 590/ 14	IARFORD B	1. BACT.	mo. 21214
23a. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COLLEGE	n STATE
(SPECIFY) Burial	4-29-87		od Cemetery		more, Mary	
74 FUNERAL DIRECTOR	-	Hala Bala	1 10 Q d 250 DA	TE REC'D. BY REGISTRAR	25h REGISTRAR'S SIG	NATURE

DHMH - 16 60M 7/84

should be detached for use at the b

TO FUNERAL DIRECTOR

IMPORTANT: If them 21 is mi

TO HOSPITAL OR ATTENDING retained by the haspital o

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(VRA 15, 4)

Lassahn Funers 1 Home

FOR

the ector, page 3

Poges

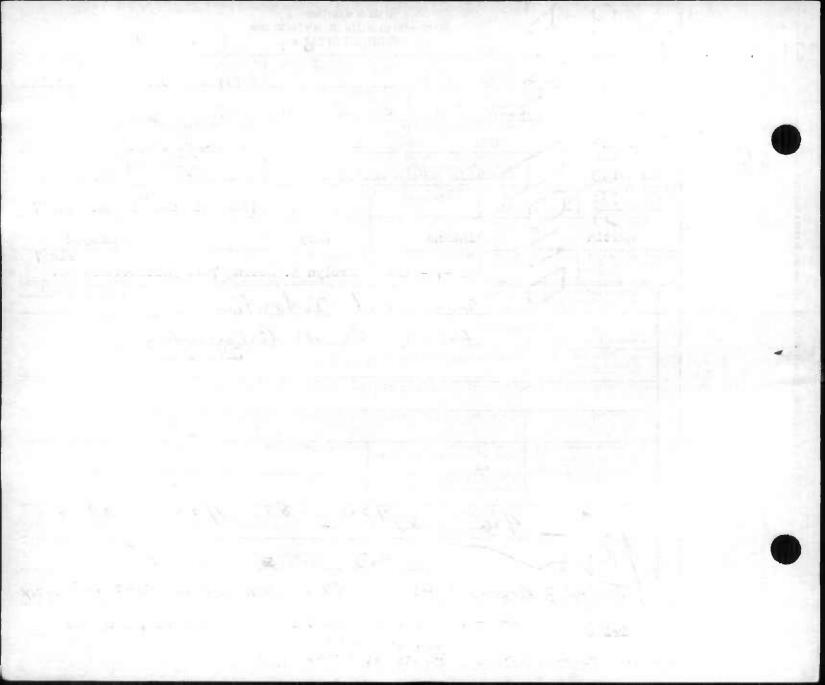
ending physician an, or removal.

ath certificate be executed within 24 hours after death. Page

1401 Delate Na. BALTO. Mp 21236

APR 2 9 1987

Lia Sinder Rudale



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DHMH - 16 60M 7/84

(VRA 15, 4)

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director, page 3 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	0 2	0	8
8	REG. NO.		3

1		FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	IENE O REG. N	2 0	8		
	1. DEC	CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH		DAY S YEAR	26 HOUR	_
	TYPE	OR PRINT)	SEPH		S	W	OODS		Oli	30 8	1 1:40)RM
	3. SEX			I. RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR	5
		MALE		CAUC	ASIAN	O7	11 1894	0	2 YRS.	ONTHS DAYS	HOURS MIN	1.
-	7a. BII	RTHPLACE (STATE OF F	FOREIGN]		WHAT COUNTRY	? 8.		9 BALTIMORE CITY		OF DEATH		
8	Ma	ryland	100	U.S.	Α.	MARRIE	D NEVER MARRIED DIO	BALTIMO	RE CO	UNTY	-	MD
1	10. CI	ITY OR TOWN OF DEA				NG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION	126. KIND C	OF BUSINESS C	OR
2		TOWSON		GBMC-6			ES ST.	Supervis	DEWORKING LIFE	Bendi	ix Corp	•
)	13a, S M	AL RESIDENCE IF NURS STATE Laryland	Balt		13c. CITY OR TOV		134. INSIDE CITY LIMITS? YES NO 🔀	130.53 85 APORESE	/ ₹BFPE	Rd.	21 2 04	
		James	P."	MIDDLE	Ŵoo	ds	15. MOTHER'S MAIDEN NA Affinie	ME		На	nley	
-		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR		77.1	22151	_
	(1)	YES NO OR UNKNOWN)	TIF YES, GIVE	WAR OR DATES)	214-03-2	2895	Joseph Woods	- Port St 2492 Al	fonso		MATE INTERVAL	
4	>	Canditions, if any, gove rise to imm couse (o), statin underlying cause	MMEDIATE which mediate ing the last.	DUE TO, O DUE TO, O	R AS A CONSEQUE	İRATI		INAL DISEASE OR CON	IDITION GIVE			
1	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	H OPERATIO	n was performed	20a AUTOPSY?		, WERE FINDING CAUSES		
}		21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH D	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 1B PA	RT I OR PART 2)		
	MEDICAL	21d. INJURY OCCUR!	RED	21e PLACE			211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	_
1		220.1 certify that (1)		al) attended th	e deceased fram.	OL	1/30 19 87		3/	9 87	that (I) (we) la	ast
		saw the decease abave, (1) (we) (c		Luguraha hadu	ofter dooth	, ar	nd that in (my) (our) opinion	death occurred on the d	late and hour	ond from the	couses stated	
7		226. SIGNATURE	1 Il	1 M	2		DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF X	22c DATE	SIGNED / 30/87	
1		228 PHYSICIAN'S NA		PRINT)			22e ADDRESS					
		JACOB	1 L.	GLOCK	M.D.		6701 N. CH.	ARLES ST.	, TOWS	ON, MD	2120)4
	23a B	BURIAL, CREMATION, Burial	REMOVAL	236 DATE 5/2/87			1y Redeemer	Barto.		COUNTY	51 M C	i.
		UNERAL DIRECTOR	F	0.0.7.7.	ADDRESS	3.0-	250. DAT	E REC'D. BY REGISTRAF	256. REGISTE	RAB'S SIGNAT	URE	•
	K	uck Towso	n run	eral Ho	me, Inc	. 105	O York Rd MAY	4 1987	Julia dia	Seconda. V.		

BALTIVORE STATE

TO SEN SEMG-SYOT W. SHARLES ET. Y 33 1 1 202 Total There are not the first that the color and the state of

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	6 4	0	1
REG.	NO.	. 6	

	1-	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL H	GIENE Q	2 6	y	
PR I		TEASED NAME	FIRST		MIDDLE	Į.	AST	26. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	-(1116		thel		٧. ١	NOT YOU	JT T7	April 6	1 99	7	3:00P
	3 SE		J	4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		White	e	Jul	y 27, 1917	69	YRS	MONTHS: DAYS	HOURS MIN
3	7a. Bi	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
1		Maryland		USA		WIDOWE		D 7 1 2	e Cour	nty	N
3		TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUP		12b. KIND C	F BUSINESS C
nati.		Rossville			lin Squar		pital	Housewif		Own H	ome
of James	USU/ 13a. S	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION		E ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP COD		
3]	Maryland	Bal	timore	Dundal		YES NO K	3442 Yor			222
台入	14. FA	THER'S NAME		MIDDI.€	LAST		15. MOTHER'S MAIDEN N	IAME MIDDLE		LAS	
50	1	William		· industrial	Haase		May	MIDDLE		Black	
		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECL	JRITY NO.	17 INFORMANT	ADI	RESS		
2		No	(IF FES, GIV	WAR OR DATES)	216-18-7	174	Wincent B.	Woytowitz	Same	as 13e	
the the		18 CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly one couse per	line for (a), (b), an	id (c).)					MATE INTERVAL
vent		PART I. DEATH W	AS CAUSE	D BY: E CAUSE (o)	Cardiopu	lmonar	ry arrest				
njury, or ather	NO	cause (a), stating underlying cause	lost.	(c)	R AS A CONSEQUI		NOT RELATED TO THE TE	rminal disease or co	ONDITION GIV	VEN IN PART 11	o
2	CERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO		
9		210 ACCIDENT WAS UNION OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU				
rked ar	MEDICAL	214 INJURY OCCUR	HILE []	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC }	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
121 is mo		22a I certify that (X saw the decease above, (X (we) ((this hospi ed alive on did) (dialog	April (e deceased from	March 87	19 87 and that in (n) (our) apinio	, to April n death occurred on the	date and have	19 87 or and from the	tho K (I) (we) lo
MPORTANT: If Item 21 is n		22b. SIGNATURE		Po	1. 6	-11:	DEGREE ATTENDING	MEDICAL S	AFF V	22c. DATE	
		100	one	Chu	re mo		PHYSICIAN	DIRECTOR PHY	SICIAN (X)	4-	6-87
MPORTANT		Ramon		be, MD			9000 Frankl	in Square [rive	21237	
		SURIAL, CREMATION, SPECIFY) Burial		23b. DATE 4-9-	87 F	Holly		Baltimo	re Mar	yland	STATE
7/84	24 FI	INERAL DIRECTOR			neral Hom e. Dundal		21222 A	R 1 0 1987	AR 256 REGIS	TRAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital ar attending physician

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	0	3	7	-0
	U	Con	4	44
-	REG	NO		

8 3 108 11	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND A		IENE 1 O	2 7	U	
o n€		CEASED NAME	FIRST		MIDDLE	1	AST		20. DATE OF DEATH		- 97	26 HOUR
tor. page 3 ofter death	3. SE	Y	1 1 1	RACE	Ve	15. DATE O	J.NG	SR	6 AGE (IN YEARS LAST E	IRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 MRS
Poge 4 moy director. pog	3. 32	MALE	-	Whin	te,	MONTH	DAY	YEAR - 07	7		ONTHS DAYS	HOURS MIN.
Pog Hour	70. B	IRTHPLACE (STATE OR	FOREIGN 7	L CITIZEN OF	WHAT COUNT	RY2 8	D NEVER A		9 BALTIMORE CITY		OF DEATH	
Con merch	n	TARY land	L.	US	A	WIDOW	DX DN	VORCED [BA	Himo		20 MD.
1 158	10 C	TOWS 8			HOSPITAL, NU	TREET ADDRESS)	OF OTHER INST	laid.	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	OF BUSINESS OR
24 hour	13a.	AL RESIDENCE (IF NURS	136 COUNT	TY	13c CITY OR		134 INSIDE C	ITY LIMITS?	136.STREET ADDRESS	ZIP CODE	10	1206
1 12×47	14. F	ATHER'S NAME					15 MOTHER'S	MAIDEN NAM	ME	CADO		
A THUS	1	Ros	BERT	V.	OUNG			FIRST LA	URA WA	CHER	LAS	Л
30)37		WAS DECEASED EVER YES, NO OF UNKNOWN)		MED FORCES? WAR OR GATES)		5- 2768	WA-WM		3845	RESS CATI	FLA.	32796
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F 6 - 2 1 3 4		BURIAL, CREMATION,		23b. DATE		23c NAME OF C		REMATORY	23d. LOCATION	1 4	COUNTY	STATE
BP		UNERAL DIRECTOR	1	4-15	-87	PARKI	NOOD	CEM,	BALTO	alor process	P	
DHMH - 16 60M 7/84	1.6	NAME NAME	700	77-	790R	ESS (01	AD	REC'D. BY REGISTRA	R DB. REGISTI	CAK S SIGNAT	UKE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE	71		
~		FASED NAME FIRST MARY	LOUISE	ZEILER	AST	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR	OP.
1	SEX	I	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY		
-	C	TEMALE RTHPLACE (STATE OR FOREIGN OUNTRY)	W HITE 76 CITIZEN OF WHAT COUNT U.S.A.	TRY? 8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	NITIV	
D D	10 CIT	RYLAND TY OR TOWN OF DEATH WSON	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES' ST. JOSEPH	TREET ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE	126 KIND	OF BUSINES	SS OR
	USUA 13a. S	L RESIDENCE (IF NURSING HOME OT TATE 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE B	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP 6917-F DONA	CODE ACHIE RI). 212	239
1		THER'S NAME FIRST A.	ENGERS LAST		JOSEPHI		STF	₹ËB	
	160 W	AS DECEASED EVER IN U.S. AL	IVE WAR OR DATES)	5ECURITY NO. 74-6002	ANDREW G.	ZEILER, JR 6	5120 EDI	21239 LYNNE	RD.
	ATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSI (c) CONDITIONS CONTRIBUTING	EQUENCE OF		20a AUTOPSY? 20b.	IF YES, WERE FIN	DINGS USED	
1	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI		DAY YEAR	21c. HOW INJURY OCCURR	YES NO RED (ENTER NATURE OF INJURY IN IT	YES TO PART I OR PART	NO [
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		sow the deceased alive o obove, (I) (we) (did) (did n 27b. SIGNATURE	on view the body after death.		ATTENDING PHYSICIAN L	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DA	ATE SIGNED	1213
		burial, Cremation, remova specify BURIAL	23b. DATE 4/7/87		EY VALLEY	23d LOCATION CITY OR TOWN BALTIMOR!	E CO., M.	_	TATE ND
		UNERAL DIRECTOR	HNSON8521 T.C	CH RAV	EN BLVD APR	E RECO. BY REGISTRAR 255 R	EGISTRAR'S SIGN	ATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

WILLIAM E.

JOHNSON8521 LOCH RAVEN

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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STATE OF MARYLAND

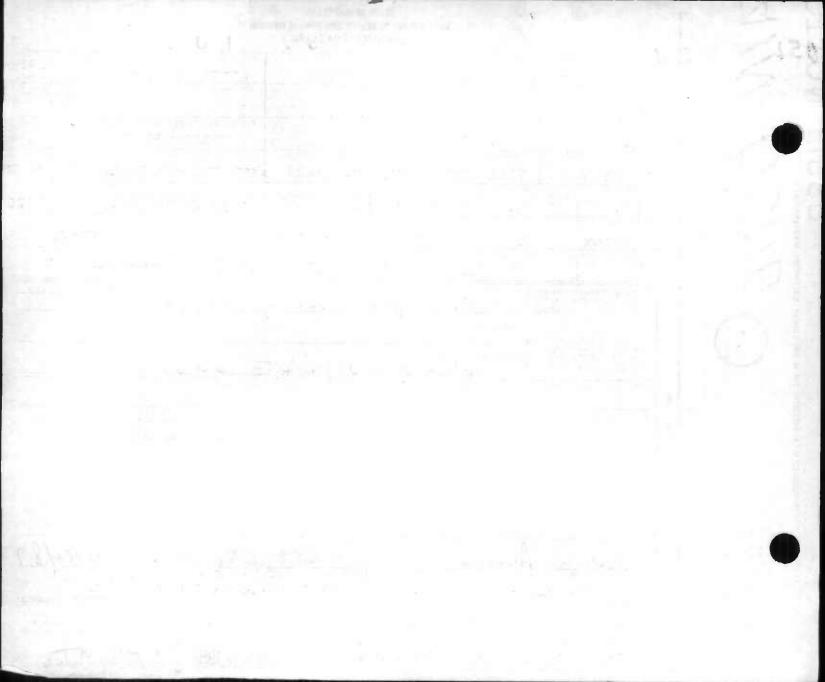
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	STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYC	I A	100	7 3	
I. DEC	CEASED NAME	FIRST		MIDDLE	t	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
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	AL RESIDENCE (IF NURS	13b. COUNTY	Y	13c. CITY OR TO BALTIN	NWC	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CO LIVE	DDE RWOOD	RD. 2
14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA	AME			
	FRANK		J.	ZEN	MAN	MADELIN	VE MIDDLE		В	ROSH
16a. W	VAS DECEASED EVER	IN U.S. ARME	ED FORCES?	16b. SOCIAL SE	CURITY NO.	17 INFORMANT		RESS		
(4	NO UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)	217-09	9-6917	HATTIE ZI	EMAN (WIF	E) S.	AME AD	DRESS
	PART 2. OTHER SIGNIFIC.		2							
FICATION	couse (o), stoting underlying couse PART 2. OTHER SIGN	ng the e lost. NIFICANT CO	(c)		TO DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF	YES, WERE FIN RTIFYING CAUS	DINGS USED SES OF DEATH
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should be detoched for use as the buriol-transit permit. Then plear with the State Dept. of Health and Mental Hygrene prior to buriol, TO FUNERAL DIRECTOR: After this certificate has been signed



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after dea

retained by the haspital ar attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be thed we with the State Dept of Health and Mental Nygiene prox to burial, cremation, ar removal.

ector, page 3.

STATE OF MARYLAND

FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	Sou Da	14
TO DECEASED NAME FIRST PRINTS NAME FIRST	SON	ZENITZ	20 DATE OF DEATH MONTH	06 87 520/M
3 SEX MALE	A RACE W HITE	5. DATE OF BIRTH 1896 MONTH DAY VEAR	6 AGE (IN YEARS LAST BIRTHDAY) 90 YRS	MONTHS DATS HOURS MIN.
78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND 10. CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	BALTIMORE CITY OR COUN	
RANDALLSTOWN	BALTO. CO. GE	N. HOSP.	(TYPE OF WORK FOR MOST OF WORKING ENGINEER	
MARYLAND 136 C	VE OR OTHER INSTITUTION GIVE RESIDENCE BEFOR OUNTY 13c. CITY OR TOV BALTIM	ORE YES X NO		DALE AVE. 21216
FATHER'S NAME FIRST MOSES 160 WAS DECEASED EVER IN U.S.		ENITZ BESSI URITY NO. 17 INFORMANT T.	WIDDLE	LEVENSON SUITE 2300
	WI-ARMY 220-22			, MD 21202
Conditions, if any, whice gove rise to immediate couse (o), storing the underlying couse loss PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO	CIA	MINAL DISEASE OR CONDITION (GIVEN IN PART TO YES, WERE FINDINGS USED KTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA 214 IN JURY OCCURRED	FDEATH HOUR A.M. MONTH D	19	YES NO	YES NO
220. I certify that () (this I	d not) view the body ofter death.	ond that in (my (aur) opinion DEGREE	to O O O O O O O O O O O O O O O O O O O	19 87 that 1/ (we) last hour and from the couses stated 22c. DATE SIGNED 04/66/87
230 BURIAL, CREMATION, REMO		BAUTO CONTRACTOR CREMATORY ALTIMORE HEBREW	23d LOCATION CITY OF LOWN BALTIMORE	COUNTY MARYLAND
24 FUNERAL DIRECTOR SC 6010 REISTERSTO	L LEVINSON & BROS WN RD. BALTO., MI	., INC. 21215	RET 4 1987 AR Julia	Denois Rendered

4/20

							STATI	OF MARYLA	ND				
		1	FOR STATE			DEPARTM		EALTH AND M		IENE			
170	100	L	REGISTRAR		CERTIFICATE OF DEATH / REGNO. 2								
oy be	And		CEASED NAME	DE	В	MIDDLE		AST	3 -	20 DATE OF DEATH	MONTH	10 8 T	26. HOUR 2350 M
		3. SE			4. RACE	•	5. DATE C	F BIRTH		6 AGE (IN YEARS LAST BIR	IF UNDER 1 YEAR	IF UNDER 24 HRS	
ge 4 m ector. g	i ale					e	01	⁰11′6	ď6°	81	MONTHS DAYS	HOURS MIN.	
h. Po ol dir 2 hou	25		IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	8. MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH			
death. I funeral thin 72 h	10		ennsylvania		US		WIDOWED DIVORCED			Baltimore County			MD
s ofter by the f	5	110. C	Randallsto		(IF NOT IN SUC	HOSPITAL, NURSINI THEACILITY, GIVE STREET A TIMOPE CO.	ADDRESS]	RESS)		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Medical Research			OF BUSINESS OR
24 hour	35	USU 13a	AL RESIDENCE (IF NURSI STATE Md.	13b. COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Reisters	N	13d INSIDE CIT	Y LIMITS?	13e STREET ADDRESS			5
章 (2)	カハ	14. F.	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S	IPST	ME MIDDLE		LA:	ST.
P PR	100		David		A.	Zufal		Del	lena	D.		Sawyer	
1 25	8		WAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECUI		17 INFORMAN		ADDRI			
E TA	1		No		204-10-8680			Dellena C. Jordan (Sa			me as above)		
1	=		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	nly one couse per D BY: TE CAUSE (a)	Ine for (o), (b), and ARDIA	P	A375	TOLL	9		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
e attending			Conditions, if any, which (b) HAPOTENSION										
y the o			gave rise to imm cause (a), stating underlying cause	ediote	DUE TO, O	R AS A CONSEQUE	NCEOF	FOF					
se the	, p		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g										
sign Then	2 -2	Z	1.14 M	T	13. P. H	. ,	OPI) .	TO THE TERM	INAL DISLASE OR COIN	DITION	NA FIRE HALL MAN	a ·
nos nos	19	CERTIFICATION	190 DATE OF OPERAT	ION /	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	IN CER	YES, WERE FINDI	
CIA Politi	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D OR CONTRIBUTING CAU								URY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 1	8 PART OR PART 2)	
attending ter this control						P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E			211 LOCATION)WN	COUNTY	STATE
A Af	S B S		22a.1 certify that (1)	(this hospi	tal) attended th	e deceased fram_			, 19	, to		. 19,	that (I) (we) last
Spite Spite CTO	21		saw the decease abave, (I) (we) (d	d alive an	it) view the bady	alter death.	, ar	id that in (my) (aur) apinian o	death occurred on the d	ate and h	aur and Irom the	causes stated
the ho	F. If Item	1	226. SIGNATURE	-0	Jan	000		DEGREE AT	TENDING HYSICIAN	MEDICAL STA	FF CIAN S	22c. DATE	SIGNED
OSPITAL ed by t UNERAL d be det	RIAN	1	220 PHYSICIAN'S NA	ME (TYPE C	OR PRINT	- 7		22e ADDRESS					1/ -00/

23c. NAME OF CEMETERY OR CREMATORY

Carroll Cremation

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR
NAME Eline Funeral Home Reference

4-11-87

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

APR 14 1987

APR 14 1987

Carroll

Md. STATE

23d LOCATION CITY OR TOWN Hamps tead 415

APRIABED IN A